

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90401 043 ***150.00

0005194 AV

DOCUMENT # P01000042453

1. Entity Name
NORVELLE SUSIE KENT & ASSOCIATES, INC.

Principal Place of Business

**366 FOXRIDGE RD
 ORANGE PARK FL 32073**

Mailing Address

**366 FOXRIDGE RD
 ORANGE PARK FL 32073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1543 Kingsley Ave.

3. Mailing Address

1543 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 6

Bldg 6

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip
32073

Country

Zip
32073

Country

4. FEI Number

59-3716252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENT, NORVELLE S
 366 FOXRIDGE RD
 ORANGE PARK FL 32073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.**
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KENT, NORVELLE S**
STREET ADDRESS **366 FOXRIDGE RD**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ROGERS, RACHEL**
STREET ADDRESS **2066 PIMLICO PLACE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **S,T** ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norvelle S Kent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2002

904-43-8085

Date

Daytime Phone #

CR2E034 (9/01)