

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043317

1. Entity Name

KEN MAR COMMUNICATIONS INC.

Principal Place of Business

314 SE 47TH ST
CAPE CORAL FL 33904

Mailing Address

314 SE 47TH ST
CAPE CORAL FL 33904

2. Principal Place of Business

314 SE 47TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33904

LEE

Country

Zip

Country

4. FEI Number

65-1101184

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DRENGACS, KENNETH E
314 SE 47TH ST
CAPE CORAL FL 33904

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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 State10. 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 PD
NAME DRENGACS, KENNETH E
STREET ADDRESS 314 SE 47TH ST
CITY-ST-ZIP CAPE CORAL FL 33904 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE VTD
NAME DRENGACS, MARY M
STREET ADDRESS 314 SE 47TH ST
CITY-ST-ZIP CAPE CORAL-FL 33904 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *Kenneth E. Drengacs* Kenneth E. DRENGACS

1-17-02

941-707-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AV
SYK080FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90454 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)