

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
 01-21-2002 90037 012 ***150.00

DOCUMENT # P01000057785

1. Entity Name
MARK KENYON, INC.

Principal Place of Business
6735 TIERRA VERDE STREET
PORT RICHEY FL 34668

Mailing Address
6735 TIERRA VERDE STREET
PORT RICHEY FL 34668

2. Principal Place of Business
NO changes

3. Mailing Address
NO changes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-372447

☒ Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

KENYON, MARK
6735 TIERRA VERDE STREET
PORT RICHEY FL 34668

Name **NO changes**
 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 **Mark Kenyon**
 Signature, typed or printed name of registered agent and title if applicable.

Mark Kenyon
 (NOTE: Registered Agent signature required when reinstating)

1-10-02
 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 ☐ Delete
 NAME **PD KENYON, MARK**
 STREET ADDRESS **6735 TIERRA VERDE STREET**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **NO changes**

TITLE ☐ Delete
 NAME **VST KENYON, JOANNE**
 STREET ADDRESS **6735 TIERRA VERDE STREET**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **NO changes**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: **Mark Kenyon** **Mark Kenyon** **1-10-02** **727-842-8352**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)