

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-02-2003 90197 034 ***150.00

DOCUMENT # **P02000079236**

1. Entity Name
KEN HUSKEY ENTERPRISES, INC.



Principal Place of Business
**1030 US 41 BYPASS SOUTH
VENICE FL 34292**

Mailing Address
**PO BOX 205
VENICE FL 34284**

55048518

2. Principal Place of Business
1030 US 41 BYPASS SOUTH

3. Mailing Address
108 Colonia Lane West

Suite, Apt. #, etc.
NOKOMIS

City & State
Venice, FL

City & State
NOKOMIS, FL

Zip
34292

Country
Sarasota

Zip
34275

Country
Sarasota

4. FEI Number
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSKEY, KENNETH E
108 COLONIA LANE WEST
NOKOMIS FL 34275**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed, printed name, and title (if applicable)
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.
☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	President & Director
STREET ADDRESS	KENNETH E. HUSKEY
CITY-ST-ZIP	108 Colonia Lane West
	NOKOMIS, FL 34275
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVEN E. HUSKEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-30-03** Daytime Phone: **941-408-9012**

CR2034 (10/02)