

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000476 AV

DOCUMENT # P02000104478

1. Entity Name  
KENKACO, INC.



FILED

03 OCT -9 PM 3:17

Principal Place of Business  
14603 ISLAND DR.  
JACKSONVILLE FL 32250

Mailing Address  
14603 ISLAND DR.  
JACKSONVILLE FL 32250

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
14185 Beach Blvd.

3. Mailing Address  
14185 Beach Blvd.

Suite, Apt. #, etc.  
Suite 9

Suite, Apt. #, etc.  
Suite 9

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip Country  
32250 - USA

Zip Country  
32250 USA

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, HUGH M  
24 N. MARKET ST., STE. 305  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

*October 6, 2003*  
DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, K. BARBARA 14603 ISLAND DR. JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, HUGH M 14603 ISLAND DR. JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, KENDRA M 14603 ISLAND DR. JACKSONVILLE FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500023666365 10/09/03--01049--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/6/03* *(904) 992-8646*  
Date Daytime Phone #

CR2E034 (4/03)

Kenkaco, Inc.  
14185 Beach Boulevard, Suite 9  
Jacksonville, FL 32250  
(904) 992-8646  
(904) 992-8696 [Fax]

October 6, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom This May Concern:

I just received in the mail on October 3, 2003 this 2003 For Profit Corporation Uniform Business Report. I had not received any notices prior to receiving this one. When I saw where it said it was to be paid by September 10<sup>th</sup> and I had not even received it until October 3<sup>rd</sup>, I started making phone calls. I spoke with a gentleman named Tyrone at the Division of Corporations office and he suggested that I send in my completed form, with the \$150.00 fee and ask that any late fees be waived, due to the fact that I had not received any notices prior to this one.

This is our first year in business and had I received this in time, I would have been very careful to get this in on time; however, not having received this, I was unable to do so.

I would appreciate it very much if you would in fact waive the late fees, due to these circumstances. Thanking you in advance for your consideration in this matter.

Sincerely,



K. Barbara Fletcher