

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000008952

1. Entity Name
K. HERRON CONSTRUCTION COMPANY



Principal Place of Business
**11450 SW 17TH STREET
DAVIE, FL 33325**

Mailing Address
**11450 SW 17TH STREET
DAVIE, FL 33325**

70050499

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 012 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0428047

Applied For

Not Applicable

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

**HERRON, KENNETH II
1700 SW 116TH AVE.
DAVIE, FL 33325**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILED UNDER FEE \$3,600.00
After May 1, 2003, Fee will be \$3,450.00
Make check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **HERRON, KENNETH II**
STREET ADDRESS **1700 SW 115 AVENUE**
CITY-STATE-ZIP **DAVIE, FL 33325**

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

TITLE **STD** ☐ Delete
NAME **HART, KELLIE S**
STREET ADDRESS **1851 SW 115 AVENUE**
CITY-STATE-ZIP **DAVIE, FL 33325**

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

TITLE **VD** ☐ Delete
NAME **HERRON, CLAY**
STREET ADDRESS **11450 SW 17 STREET**
CITY-STATE-ZIP **DAVIE, FL 33325**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

954-472-6811

Date

Daytime Phone #

CR2ED34 (10/02)