

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076384

1. Entity Name

P. TODD KENNEDY, P.A.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90030 039 \*\*\*150.00

0331008

Principal Place of Business Mailing Address  
~~727 N.W. 4TH STREET~~  
~~BOCA RATON FL 33486~~ ~~727 N.W. 4TH STREET~~  
~~BOCA RATON FL 33486~~

604211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
6689 NW 23rd Terr. 6689 NW 23rd Terr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Boca Raton, FL. Boca Raton, FL.  
Zip Zip  
33496 USA 33496 USA

4. FEI Number 65-0443978 Applied For  
Not Applicable

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

KENNEDY, P. TODD  
~~727 N.W. 4TH STREET~~  
~~BOCA RATON FL 33486~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
6689 NW 23rd Terr  
City Boca Raton FL Zip Code 33496

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 P. Todd Kennedy  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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, 2001 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	DPST	<input type="checkbox"/> Delete
NAME	KENNEDY, P. TODD	
STREET ADDRESS	727 N.W. 4TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENNEDY, LISA M	
STREET ADDRESS	727 NW 4TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6689 NW 23rd Terr	
STREET ADDRESS	Boca Raton, FL. 33496	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6689 NW 23rd Terr	
STREET ADDRESS	Boca Raton, FL. 33496	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: P. Todd Kennedy President P. Todd Kennedy 1/10/01 561-683-2784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)