

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90398 021 ***150.00

DOCUMENT # P93000080492

1. Entity Name
KENT ADVERTISING, INC.

Principal Place of Business 2290 KNOLLWOOD DR STE 3, LAKE POINTE LEESBURG FL 34748 US	Mailing Address PO BOX 492551 LEESBURG FL 34748 US
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2. Principal Place of Business 1090 BICHARA BLVD	3. Mailing Address 1090 BICHARA BLVD
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Suite, Apt. #, etc. LA PLAZA GRANDE	Suite, Apt. #, etc. LA PLAZA GRANDE
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City & State LADY LAKE, FL	City & State LADY LAKE, FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220609	Applied For <input type="checkbox"/> Not Applicable
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Zip 32159	Country USA	Zip 32159	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KENT, BARRY L
~~2290 KNOLLWOOD DR~~ **5142 MAGNOLIA RIDGE RD**
~~LAKE POINTE~~ **FRUITLAND PARK**
~~LEESBURG FL 34748~~ **FL 34731**

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.

SIGNATURE: DATE: **3/30/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$350.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD KENT, BARRY L 2290 KNOLLWOOD DR LEESBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST KENT, LYNDA B 2290 KNOLLWOOD DR LEESBURG FL
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD KENT, BARRY L 5142 MAGNOLIA RIDGE ROAD FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST KENT, LYNDA B 5142 MAGNOLIA RIDGE ROAD FRUITLAND PARK, FL 34731
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

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: DATE: **3/30/02** DAYTIME PHONE #: **352-751-0966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)