

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**



2. Principal Place of Business

1090 BICHARA BLVD

3. Mailing Address

1090 BICHARA BLVD

Suite, Apt. #, etc.

LA PLAZA GRANDE

Suite, Apt. #, etc.

LA PLAZA GRANDE

City & State

LADY LAKE, FL

City & State

LADY LAKE, FL

4. FEI Number **59-3220609**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32159

Country

USA

Zip

32159

Country

USA

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

6. Name and Address of Current Registered Agent

KENT, BARRY L

**2290 KNOLLWOOD DR
 LAKE POINTE
 LEESBURG FL 34748**

**5142 MAGNOLIA RIDGE RD
 FRUITLAND PARK
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/02

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, 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 ☐ Delete
 NAME **PD KENT, BARRY L**
 STREET ADDRESS **2290 KNOLLWOOD DR**
 CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ Delete
 NAME **ST KENT, LYNDIA B**
 STREET ADDRESS **2290 KNOLLWOOD DR**
 CITY-ST-ZIP **LEESBURG FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PD KENT, BARRY L**
 STREET ADDRESS **5142 MAGNOLIA RIDGE ROAD**
 CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☒ Change ☐ Addition
 NAME **ST KENT, LYNDIA B**
 STREET ADDRESS **5142 MAGNOLIA RIDGE ROAD**
 CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 352-751-0966

Date

Daytime Phone #

CR2E034 (9/01)