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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 28, 2001 8:00 am DOCUMENT # **P93000087630** Secretary of State KENCO ELECTRICAL & A/C, INC. 02-28-2001 90002 020 ***150.00 Principal Place of Business Mailing Address 11461 BOOTE BLVD. 11461 BOOTE BLVD. JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3227540 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAPP, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 11461 BOOTE BLVD JACKSONVILLE FL 32218 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition SAPP, KENNETH J NAME NAME 11461 BOOTE BLVD. STREET-ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition MORELAND, DOUGLAS G. NAME NAME STREET ADDRESS 11461 BOOTE BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change SWANN, SUSAN M NAME NAME 11461 Boote Blud STREET ADDRESS 11461 BOOTE BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP Inclisonville, Fla 3228 ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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