

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034835

1. Entity Name

JACK L. KINSELL, INC.

Principal Place of Business

Mailing Address

611 N.W. 100 PL
PEMBROKE PINES FL 33024
US

611 N.W. 100 PL
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

3. Mailing Address

900 S.W. 111 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES, FL.

Zip

Country

33025

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINSELL, JACK L
15405 MIAMI LAKEWAY N. APT. 201
MIAMI LAKES FL 33014

Name

KINSELL, JACK L.

Street Address (P.O. Box Number is Not Acceptable)

900 S.W. 111 AVE.

PEMBROKE PINES

FL

Zip Code 33025

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

7-5-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D KINSELL, JACK L 15405 MIAMI LAKEWAY N. APT. 201 MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90138 001 ***400.00

07-10-2001 90138 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)