

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90005 030 ***150.00

DOCUMENT # P94000069275**1. Entity Name****KENT-TRONICS & ASSOC. INC.****Principal Place of Business****441 S BANANA RIVER BLVD
COCOA BEACH FL 32931****Mailing Address****441 S BANANA RIVER BLVD
COCOA BEACH FL 32931****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3276598**

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**

Name

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

City

FL

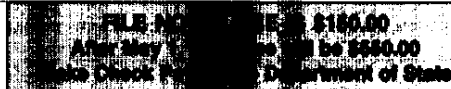
Zip Code

**BROY, KENT A
441 SOUTH BANANA RIVER BLVD
COCOA BEACH FL 32931****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 their applicable

(NOTE: Registered Agent's phone number is not required.)

Date

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back)** ☐**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
	D	BROY, KENT A	441 S BANANA RIVER BLVD COCOA BEACH FL 32931	<input type="checkbox"/>
	D	BROY, CHERILYNN	441 S BANANA RIVER BLVD COCOA BEACH FL 32931	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Back 11 or Back 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

1-24-02 321-799-1278
Date

CP2EN34 (9/01)