

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91085 044 ***150.00

DOCUMENT # P96000018133

1. Entity Name
KENRICK INC



Principal Place of Business
**4801 LEONA ST.
TAMPA FL 33629**

Mailing Address
**4801 LEONA ST.
TAMPA FL 33629**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

26939 Roseann PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz

City & State

Zip
FL

Country

Pasco

Zip

33559-8526

Country

4. FEI Number **59-3363406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BULLARD, RICHARD J
4801 LEONA ST.
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

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

26939 Roseann PL

City

Lutz

FL

Zip Code

33559-8526

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **BULLARD, RICHARD J**
STREET ADDRESS **4801 LEONA ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **BULLARD, KENNETH**
STREET ADDRESS **334 RIO VISTA CT.**
CITY-ST-ZIP **TAMPA FL 33604**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **26939 Roseann PL**
CITY-ST-ZIP **Lutz, FL 33559-8526**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 (813) 973-1292
Date Daytime Phone #

CR2E034 (10/02)