

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90238 016 ***158.75

DOCUMENT # P96000101350

1. Entity Name
KENDALL INTERNATIONAL INTERNET SERVICES CORP.



Principal Place of Business
239 LEMON RD NW
LAKE PLACID FL 33852
US

Mailing Address
239 LEMON RD NW
LAKE PLACID FL 33852
US



2. Principal Place of Business
295 Interlake Blvd.

3. Mailing Address
573 Sunset Pointe Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit B

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number **65-0714549**

Applied For
Not Applicable

Zip
33852

Country
USA

Zip
33852

Country
USA

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNS, ALLYCE S
239 LEMON RD NW
LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNS, ALLYCE S
573 SUNSET POINTE DR.
LAKE PLACID, FL 33852

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

ALLYCE S. JOHNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

863-465-2865
Daytime Phone #

CR2E034 (10/02)