

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90184 027 \*\*\*150.00

**DOCUMENT # P97000035535**

1. Entity Name

**AHK OF LAKELAND, INC.**

Principal Place of Business

**3580 WALKER ROAD  
 MULBERRY FL 33860**

Mailing Address

**3580 WALKER ROAD  
 MULBERRY FL 33860**

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

**65-0769060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KENT, ALLEN H  
 3580 WALKER ROAD  
 MULBERRY FL 33860**

7. Name and Address of New Registered Agent

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

*Allen H Kent*

**6-2-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D KENT, ALLEN H**  
 STREET ADDRESS **3580 WALKER ROAD**  
 CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Allen H Kent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-20-02**

Daytime Phone #

**863-6074560**

**863-602-0308**

CR2E034 (4/02)

my Bill on ~~FEH~~ INC. until late. I  
don't know if it is my mail carrier or  
they sent it late. It needs to be  
sent at an earlier date so I can pay  
it on time. I always pay my bills on  
time.

My daughter is the secretary is there  
Any way she can have a copy sent to  
her Address Also. She pays the Bills for  
me. ~~At~~ Cindy Nemeth  
5550 Bailey Rd  
Mulberry FL 33860

I would appreciate it to please get  
my Bill on time.

Landlord

Cindy Nemeth

Thank You  
OWNER

Allen H Kent  
ALLEN H KENT

Attachment

39674

# P97000035535