

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 020 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058469

1. Entity Name
BEVERLY KENNEDY & ASSOCIATES, INC.

AKA KENNEDY & ASSOCIATES

Principal Place of Business 3240 SEAWARD DRIVE POMPANO BEACH FL 33062 <i>LAUDERDALE BY THE SEA 33062</i>	Mailing Address 3240 SEAWARD DRIVE POMPANO BEACH FL 33062 <i>LAUDERDALE BY THE SEA 33062</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0765459		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KENNEDY, BEVERLY B				Name			
3240 SEAWARD DRIVE				Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33062				City			
<i>LAUDERDALE BY THE SEA, FL. 33062</i>				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.

SIGNATURE *Beverly Kennedy* (BEVERLY KENNEDY) *May 1, 2002*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PCEO KENNEDY, BEVERLY 3240 SEAWARD DR POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, CAROLYN <i>(REMOVED JUNE 3 2001)</i> 3240 SEAWARD DR. LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	<i>SHIRLEY HAROLD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1543 NW 10th PLACE FT. LAUDERDALE, FL 33311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, BURTON 3240 SEAWARD DR. LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE D. NAME STREET ADDRESS CITY-ST-ZIP	<i>PATRICK HARDMAN</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>11640 NW 10th ST. DAVIE, FL 33325</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ED 3240 SEAWARD DR. LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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]* **May 1, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)