2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000072766 DOCUMENT #

1. Entity Name

KENNY FAMILY CORPORATION



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90217 018 ***150.00

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Principal Place of Business 7759 154TH COURT NORTH PALM BEACH GARDENS FL 33418		C/O 1 80 1	Mailing Address C/O W.J. TREMBLAY, PA 1801 S FEDERAL HWY. STE 219 DELRAY BEACH FL 33483								
2. Principal Place of Business		3. Ma	3. Mailing Address			-) 1781/1781 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 1811/1 18			1110 11110 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	1 05-07/8830		Applied For Not Applicable	e	
Zíp 				~Countr	ry - "	5. Certificate of Status Desired					
	6. Name and Address of C	urrent Registere	ed Agent			7.	Name and Address of New Re	gistered	Agent		_
TOPARIAN IN LIPA					Name		•				
TREMBLAY, W J PA 1801 S FEDERAL HWY					Street Address (P.O. Box Number is Not Acceptable)						_
STE 219	194.			ľ			 				7
DELRAY BEACH FL 33483					City	· <u></u>		FI.	Zip (Code	\dashv
8 The above	named entity submits this state	ment for the rurn	oce of changing its re	L	d office or registe	red an	gent or both in the State of Flori			ith and accent	
the obliga	tions of registered agent.	ment for the parp	ose of changing its re	egisteret	a office of registe	neu ag	gent, or both, in the state of Fion	ua. Faiii	Tarrinal W	itii, dita accep	
SIGNATURE	Signature, typed or printed pame of register	ed agent and title if app	blicable. (NOTE; I	Registered	Agent signature require	d when re	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							Election Campaign Fina Trust Fund Contribution.			5.00 May Be ided to Fees	
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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 adverses, with all other like empowered.

SIGNATURE:

VIRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Date

Daytime Phone #