

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90710 006 ***150.00

DOCUMENT # P97000092028

1. Entity Name
KINSEY & SONS, INC.

Principal Place of Business

144 N.W. 47 ST.
MIAMI FL 33127

Mailing Address

144 N.W. 47 ST.
MIAMI FL 33127

2. Principal Place of Business

15311 N.W. 18TH Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 470336

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

City & State

Miami

4. FEI Number

65-0795058

Applied For

Not Applicable

Zip
33054

Country

Dade

Zip

33247

Country

Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KINSEY, SHIRLEY M
144 N.W. 47TH ST.
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name **KINSEY, SHIRLEY M.**
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 470336
15311 N.W. 18TH Ave.
City **Miami** **FL** **Zip Code** **33054**

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

SHIRLEY M. KINSEY *Shirley M. Kinsey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

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

TITLE **D** ☐ Delete
NAME **KINSEY, CHARLES**
STREET ADDRESS **144 N.W. 47TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **KINSEY, CHARLES**
STREET ADDRESS **P.O. Box 470336**
CITY-ST-ZIP **Miami, FL 33247**

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

TITLE ☐ Change ☐ Addition
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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:

Charles Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 1-888-981-4264

CR2E034 (9/01)