

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096275

1. Entity Name
KEN KINARD, INC.



Principal Place of Business
6060 EAGLEWALK AVE.
COCOA, FL 32927

Mailing Address
6060 EAGLEWALK AVE.
COCOA, FL 32927

2. Principal Place of Business
7400 N. U.S. #1, Unit 206C
Suite, Apt. #, etc.

3. Mailing Address
7400 N. U.S. #1, Unit 206C
Suite, Apt. #, etc.

City & State
Cocoa, Florida

City & State
Cocoa, Florida

Zip
32927

Country
USA

Zip
32927

Country
USA

4. FEI Number
59-3478362

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MILLER, LISA E
6060 EAGLEWALK AVE.
COCOA, FL 32927

7. Name and Address of New Registered Agent

Name
Jerry W. Allender
Street Address (P.O. Box Number is Not Acceptable)
118 Country Club Drive
City Titusville FL Zip Code 32780

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/7/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KINARD, KEN W JR
6060 EAGLEWALK AVE.
COCOA, FL 32927 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Sec., Treasurer ☒ Change ☐ Addition
Faye Boswell
7400 N. U.S. #1, Unit 206C
Cocoa, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500022216585
08/11/03--01067--002 ***61.25

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/03

Date

321-632-3523

Daytime Phone #

CR2E034 (10/02)