

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096769

1. Entity Name

KENT PROPERTY MANAGEMENT CO., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90061 007 ***150.00

Principal Place of Business

Mailing Address

20 VILLAGE LANE
PALM COAST FL 32164

20 VILLAGE LANE
PALM COAST FL 32086-7623

2. Principal Place of Business

15 ALEDO COURT

3. Mailing Address

15 ALEDO COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA

City & State

ST. AUGUSTINE, FLORIDA

Zip

32086

Country

U.S.A.

Zip

32086

Country

U.S.A.

4. FEI Number

59-3479892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHN, TIMOTHY K
2929 EAST COMMERCIAL BLVD.
PENTHOUSE "E"
FT LAUDERDALE FL 33308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(MAHESH B. PATEL, PRESIDENT)

18th JAN. 2000

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, 2000 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 PD
NAME PATEL, MAHESHCHANDRA B
STREET ADDRESS 20 VILLAGE LANE
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE SVD
NAME PATEL, RASHMIKANT L
STREET ADDRESS 20 VILLAGE LANE
CITY-ST-ZIP PALM COAST FL 32164 ☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PATEL MAHESH B.
STREET ADDRESS 15 ALEDO COURT
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☒ Change ☐ Addition

TITLE SVD
NAME PATEL SUNIL R
STREET ADDRESS 15 ALEDO COURT
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18th Jan 2000

1-904-797-9928