2002 Uniform Business Report (UBR)

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING

Mar 29, 2002 8:00 am § Secretary of State DOCUMENT # P97000103543 1. Entity Name 03-29-2002 91388 008 ***150.00 BLAKE KENNEDY ENTERPRISES, INC. Principal Place of Business Mailing Address 1225 NINTH ST. NORTH PO BOX 1954 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33731-1954 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3486675 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ke Kennedo ENGLANDER & FISCHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVE N ST. PETERSBURG FL 33701 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) F ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, BLAKE F NAME NAME 4190 WALNUT ST NE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-7IP TITLE STD □ Delete TITLE ☐ Change ☐ Addition NAME KENNEDY, KIMBERLY K NAME STREET ADDRESS 4190 WALNUT ST NE STREET ADDRESS CITY-ST-7IP ST. PETERSBURG FL 33703 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in 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 actoress, with all other like empowered.

DIRECTOR

FILED