

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90194 039 ***150.00

DOCUMENT # P98000006771

1. Entity Name

KENT MANAGEMENT S.E., INC.



DO NOT WRITE IN THIS SPACE

90089961

2. Principal Place of Business

3531 North East 30th Ave.

Suite, Apt. #, etc.

3. Mailing Address

56 Maple Street

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Warwick, RI

Zip

33064

Country

USA

Zip

02888

Country

USA

4. FEI Number

06-1505812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
**P
Kent, Michael C.
7523 Orchid Hammock Drive
West Palm Beach, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
Kent, Michael C.
7523 Orchid Hammock Drive
West Palm Beach, FL 33412**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kent, Michael C.
7523 Orchid Hammock Drive
West Palm Beach, FL 33412**

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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 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 #

CR2E034B (12/02)