## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000090130** Mar 31, 2000 8:00 am **Secretary of State** KENCO SOUTHWEST, INC. 03-31-2000 90060 010 \*\*\*150.00 Principal Place of Business Mailing Address 3616 ALLAPATCHEE DRIVE 3616 ALLAPATCHEE DRIVE PUNTA GORDA FL 33950-8449 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0870304 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEATHERLY, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 23367 WESTCHESTER BLVD PORT CHARLOTTE FL 33980 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 Change Addition TITLE ☐ Delete TITLE WEATHERLY, KENNETH J NAME STREET ADDRESS 3616 ALLAPATCHEE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change Addition ☐ Delete TITLE TITLE WEATHERLY, RICHARD K NAME NAME STREET ADDRESS STREET ADDRESS 23367 WESTCHESTER BLVD. CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

94/-625-4409 Daytime Phone #