

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90188 003 ***150.00

DOCUMENT # P99000026884

1. Entity Name
DAVID J. KENNY, INC.



Principal Place of Business
**5094 SW TALL PINES
STUART FL 34997**

Mailing Address
**5094 SW TALL PINES
STUART FL 34997**

2. Principal Place of Business
8521 SW SEA CAPTAIN DR.
Suite, Apt. #, etc.

3. Mailing Address
8521 SW SEA CAPTAIN DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
STUART FLORIDA

City & State
STUART FLORIDA

4. FEI Number **65-0901979**

Applied For
☐ Not Applicable

Zip
34997

Country
USA

Zip
34997

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNY, DAVID J
5094 SE TALL PINES WAY
STUART FL 34997**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KENNY, DAVID J**
STREET ADDRESS **5694 SE TALL PINES WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition
NAME **KENNY, DAVID J.**
STREET ADDRESS **8521 SW SEA CAPTAIN DRIVE**
CITY-ST-ZIP **STUART FLORIDA 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

7722631272
7726921990

Date

Daytime Phone #

CR2E034 (10/02)