

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040254

1. Entity Name

JERRY KENNEDY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90068 031 ***150.00

Principal Place of Business

Mailing Address

6800 NW 39 AVE #325
 COCONUT CREEK FL 33073

6800 NW 39 AVE #325
 COCONUT CREEK FL 33073-3252

2. Principal Place of Business

4767 SW 14 CT.

3. Mailing Address

4767 SW 14TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH FLA.

City & State

DEERFIELD BCH., FLA.

4. FEL Number

65-0912039

Applied For

Not Applicable

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

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

KENNEDY, JERRY
 6800 NW 39 AVE #325
 COCONUT CREEK FL 33073

Name

KENNEDY JERRY

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

4767 SW 14TH CT.

City

DEERFIELD BCH

FL

Zip Code

33442

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

Jerry K Kennedy

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JERRY	
STREET ADDRESS	6800 NW 39 AVE #325	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY JERRY	
STREET ADDRESS	4767 SW 14TH CT.	
CITY-ST-ZIP	DEERFIELD, BCH. FLA. 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Jerry K Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY K. KENNEDY

4/26/00

Date

(954) 426-1367

Daytime Phone #

CR2E034 (9/99)