

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 005 ***150.00

0607341 AV

DOCUMENT # P99000053614

1. Entity Name

ST. LUCIE PROPERTY MANAGEMENT AND REAL ESTATE IN C.



Principal Place of Business
**6982 NW HARTNEY WAY
PORT ST LUCIE FL 34983**

Mailing Address
**6982 NW HARTNEY WAY
PORT ST LUCIE FL 34983**

2. Principal Place of Business

5644 N.W. Cotton Dr.
Suite, Apt. #, etc.

3. Mailing Address

5644 N.W. Cotton Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Port St. Lucie, FL.

City & State

Port St. Lucie, FL.

4. FEI Number

65-0926860

Applied For

☐ Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNEY, THOMAS E
6982 NW HARTNEY WAY
PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name **KENNEY, THOMAS E.**

Street Address (P.O. Box Number is Not Acceptable)
5644 N.W. Cotton Dr.

City **Port St. Lucie**

FL

Zip Code **34986**

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

TITLE **P** ☒ Delete
NAME **KENNEY, THOMAS E**
STREET ADDRESS **6982 NW HARTNEY WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **KENNEY, THOMAS E.**
STREET ADDRESS **5644 N.W. Cotton Dr.**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

THOMAS KENNEY

4-29-03

Date

(772) 899-7882

Daytime Phone #

CR2E034 (10/02)