

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90200 018 \*\*\*150.00

**DOCUMENT # P99000057511**

1. Entity Name  
**KENNY LEE'S APPLIANCES INC.**



Principal Place of Business  
**7032 N ATLANTIC AVE  
CAPE CANAVERAL FL 32920**

Mailing Address  
**7032 N ATLANTIC AVE  
CAPE CANAVERAL FL 32920**

2. Principal Place of Business  
**337 CAROLINE ST.**

3. Mailing Address  
**337 CAROLINE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CANAVERAL, FL**

City & State  
**CAPE CANAVERAL, FL**

4. FEI Number **59-3585675**

Applied For  
☐ Not Applicable

Zip  
**32920**

Country

Zip  
**32920**

Country

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**

**RENWICK, KENNETH L  
7032 N ATLANTIC AVE  
CAPE CANAVERAL FL 32920**

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 \_\_\_\_\_ (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 **D** ☐ Delete  
NAME **RENWICK, KENNETH L**  
STREET ADDRESS **7032 N ATLANTIC AVE**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☒ Change ☐ Addition  
NAME **337 CAROLINE ST.**  
STREET ADDRESS **CAPE CANAVERAL, FL 32920**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

Date **4/14/03** Daytime Phone # **331-799-9003**

CR2E034 (10/02)