

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059127

1. Entity Name

LARKEN INDUSTRIES, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90080 048 ***150.00

Principal Place of Business

Mailing Address

6620 D. LAKE WORTH RD.
LAKE WORTH FL 33467

6620 D. LAKE WORTH RD.
LAKE WORTH FL 33467-2906

2. Principal Place of Business

3. Mailing Address

7173 LAKE WORTH ROAD

7173 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip
33467

Country
USA

Zip
33467

Country
USA

4. FEI Number

05-0943036

Applied For

Not Applicable

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

HINSON, WILLIAM L
6620 D. LAKE WORTH RD.
LAKE WORTH FL 33467

Name JODI L. KENNEDY

Street Address (P.O. Box Number is Not Acceptable)
7173 LAKE WORTH ROAD

City LAKE WORTH

FL

Zip Code 33467

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 of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-2000

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
NAME HINSON, WILLIAM L ☒ Delete
STREET ADDRESS 6620 D. LAKE WORTH RD.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D
NAME JODI L. KENNEDY ☐ Change ☒ Addition
STREET ADDRESS 7173 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D
NAME KENNEDY, JOSEPH E ☐ Delete
STREET ADDRESS 6620 D. LAKE WORTH RD.
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000 561-357-9280