

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062295

1. Entity Name

KENNEDY LAWN SPRINKLER II, INC.

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90013 030 ***150.00

Principal Place of Business

1814 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

Mailing Address

1814 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

NMB FLORIDA

Suite, Apt. #, etc.

3. Mailing Address

1814 NE MIA GARDNS DR.

Suite, Apt. #, etc.

City & State

NMB FL

City & State

NMB FL

4. FEI Number

65-0866476

Applied For

Not Applicable

Zip

Country

33179 USA

Zip

Country

33179 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

KENNEDY, CHRISTOPHER
1814 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS KENNEDY, CHRISTOPHER
CITY-ST-ZIP 1814 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)