

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000084217**

1. Entity Name

KENYON CONSULTING, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90147 003 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

213 EDGE OF WOODS ROAD
ST. AUGUSTINE FL 32092213 EDGE OF WOODS ROAD
ST. AUGUSTINE FL 32092-0784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599344

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****SHERROD, TERESA A.**
213 EDGE OF WOODS ROAD
ST. AUGUSTINE FL 32092

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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, TERESA A	NAME	
STREET ADDRESS	213 EDGE OF WOODS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, LESLIE C	NAME	
STREET ADDRESS	213 EDGE OF WOODS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, MIRANDA L	NAME	
STREET ADDRESS	213 EDGE OF WOODS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, ESTHER N	NAME	
STREET ADDRESS	213 EDGE OF WOODS ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

TERESA A. Sherrod

Date

Daytime Phone #

4-24-00 904-464-7877

CR2E034 (9/99)