

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086202

1. Entity Name

KENTEL COMMUNICATIONS INCORPORATED

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90072 005 ***150.00

Principal Place of Business

Mailing Address

9991 GOSHAWK DR.EAST
 JACKSONVILLE FL 32257

9991 GOSHAWK DR.EAST
 JACKSONVILLE FL 32257-8609

2. Principal Place of Business

11657 Falling Leaf Tr.
 Suite, Apt. #, etc.

3. Mailing Address

11657 Falling Leaf Tr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax FL

City & State

Jax FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32258

Country

Zip

32258

Country

United States

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

SCOTT-FORD, ALESIA
 9991 GOSHAWK DR.EAST
 JACKSONVILLE FL 32257

New address

Name

Alesia Scott-Ford

Street Address (P.O. Box Number is Not Acceptable)

11657 Falling Leaf Tr.

City

Jacksonville

FL

Zip Code

32258

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

5/11/00

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

TITLE: ☐ Delete
 NAME: Hezekiah Ford - President
 STREET ADDRESS: 11657 Falling Leaf Tr.
 CITY-ST-ZIP: Jax FL 32258

TITLE: ☐ Delete
 NAME: Kenneth Ford - Vice President
 STREET ADDRESS: 11657 Falling Leaf Tr.
 CITY-ST-ZIP: Jax FL 32258

TITLE: ☐ Delete
 NAME: Ann Ford - Treasurer
 STREET ADDRESS: 11657 Falling Leaf Tr.
 CITY-ST-ZIP: Jax FL 32258

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME: CEO - Alesia Scott-Ford
 STREET ADDRESS:
 CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: ☐ Change ☒ Addition
 NAME: Hezekiah Ford - President
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☒ Addition

TITLE: ☐ Change ☒ Addition
 NAME: Vice President
 STREET ADDRESS: Kenneth Ford
 CITY-ST-ZIP:
☐ Change ☒ Addition

TITLE: ☐ Change ☒ Addition
 NAME: Treasurer
 STREET ADDRESS: Ann Ford
 CITY-ST-ZIP:
☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
 NAME: Three additions
 STREET ADDRESS: above
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 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 #

CR2E034 (9/99)