

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
 03-08-2000 90033 050 ***150.00

DOCUMENT # P99000087981

1. Entity Name
KENNEY, STEWART & TAYLOR, CPA'S, INC.

Principal Place of Business **Mailing Address**
~~110 EAST OSCEOLA STREET~~ ~~440 EAST OSCEOLA STREET~~
~~STUART FL 34994~~ ~~STUART FL 34994-2577~~

2. Principal Place of Business **3. Mailing Address**
1991 So. KANNER HWY. **1991 So. KANNER HWY.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Zip Country Country
34994-7231 **34994-7231**

4. FEI Number **Applied For**
65-0953538 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEWART, JAMES L
440 EAST OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1991 So. KANNER HWY
City **FL** **Zip Code**
34994-7231

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. ☒ **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	☐ Delete	TITLE	D/P/T	☒ Change ☐ Addition
NAME	STEWART, JAMES L		NAME		
STREET ADDRESS	440 EAST OSCEOLA STREET		STREET ADDRESS	1991 So. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D/V	☒ Change ☐ Addition
NAME	KENNEY, KEVIN M		NAME		
STREET ADDRESS	440 EAST OSCEOLA STREET		STREET ADDRESS	1991 So. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	D/S	☒ Change ☐ Addition
NAME	TAYLOR, JAY		NAME		
STREET ADDRESS	440 EAST OSCEOLA STREET		STREET ADDRESS	1991 So. KANNER HWY	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: *James L. Stewart* **JAMES L. STEWART** **3-6-2000** **561/287-3410**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)