

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 20, 2000 8:00 am**  
**Secretary of State**

09-20-2000 90002 041 \*\*\*750.00

DOCUMENT # P99000090006

1. Entity Name  
**C & J KENT CONSTRUCTION, INC.**

Principal Place of Business  
 2180 17TH AVENUE, S.W.  
 LARGO FL 33774

Mailing Address  
 2180 17TH AVENUE, S.W.  
 LARGO FL 33774

2. Principal Place of Business  
 1544 Betty Lane S.  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. BOX 11061  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Clearwater, Florida**  
 Zip Country  
**33756 USA**

City & State  
**Largo, Florida**  
 Zip Country  
**33779 USA**

4. FEI Number  
**59-3619217**  
 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

**KENT, CLAYTON E**  
**2180 17TH AVENUE, S.W.**  
**LARGO FL 33774**

Name  
**SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1544 Betty Lane S.**  
 City  
**Clearwater, FL** Zip Code  
**33756**

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 *Clayton E. Kent*

**7-24-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, CLAYTON E</b>	
STREET ADDRESS	<b>2180 17TH AVENUE, S.W.</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/P/SS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>same</b>	
STREET ADDRESS	<b>1544 Betty Lane S.</b>	
CITY-ST-ZIP	<b>Clearwater, Fl. 33756</b>	
TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jared B. Kent</b>	
STREET ADDRESS	<b>1010 Gun Club Rd.</b>	
CITY-ST-ZIP	<b>Sarasota, Fl. 34232</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Clayton E. Kent*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-24-00** **727-970-6712**  
 Date Daytime Phone #

CFR2E034 (5/00)