

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092051

1. Entity Name

KENZI CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90051 050 ***150.00

Principal Place of Business

Mailing Address

~~421 SOUTH ORLANDO AVENUE--~~
~~SHOPS OF MAITLAND~~
~~MAITLAND FL 32751--~~

4426 BEGONIA COURT
WINDERMERE FL 34786-7414

2. Principal Place of Business

3. Mailing Address

719 GOOD HOMES ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FLORIDA

Zip

Country

Zip

Country

32818

ORANGE

4. FEI Number

59-3602469

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

J. BRIAN BAIRD
174 WEST COMSTOCK AVENUE
SUITE 215
WINTER PARK FL 32789

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

TERRENCE L. BARRETT

4-4-00

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 \$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 ☐ Delete
NAME D
STREET ADDRESS BARRETT, TERRENCE L
CITY-ST-ZIP 4426 BEGONIA COURT
WINDERMERE FL 34786

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHEELE, LINDA H
CITY-ST-ZIP 1403 OAK TREE COURT
APOPKA FL 32712

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

TERRENCE L. BARRETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

407 6549617

Daytime Phone #

CR2E034 (9/99)