

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000093307**

1. Entity Name

**FRED H. KENT, JR., P.A.****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90040 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**4180 OXFORD AVE  
JACKSONVILLE FL 32210****4180 OXFORD AVE  
JACKSONVILLE FL 32210-4458****C0004010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		<b>P.O. Box 94</b>	
City & State		City & State	
		<b>Jacksonville, FL</b>	
Zip	Country	Zip	Country
		<b>32210</b>	<b>USA</b>
4. FEI Number		Applied For	
<b>593605199</b>		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	

**6. Name and Address of Current Registered Agent****KENT, FRED H JR  
4180 OXFORD AVE  
JACKSONVILLE FL 32210****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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	
TITLE	<b>D</b>	TITLE	<b>P</b>
NAME	<b>KENT, FRED H JR</b>	NAME	<b>KENT, FRED H JR</b>
STREET ADDRESS	<b>4765 QUEEN LANE</b>	STREET ADDRESS	<b>4765 QUEEN LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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 changed, or on an attachment with an address, with all other like empowered.

(904) 338 5.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

January 6, 2000

Date

Daytime Phone #