

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106407

1. Entity Name

KENPHYL, INC.

Principal Place of Business

5301 CONROY RD., STE. 160
ORLANDO FL 32811

Mailing Address

5301 CONROY RD., STE. 160
ORLANDO FL 32811

2. Principal Place of Business

3434 KELLY PARK ROAD

3. Mailing Address

P.O. Box 403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARPKA, FL.

City & State

ARPKA, FL.

Zip

32712

Country

USA.

Zip

32704

Country

USA.

6. Name and Address of Current Registered Agent

SVENDSEN, CHRISTEN
5301 CONROY RD., STE. 160
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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

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, 2001 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 D
STREET ADDRESS WATLING, KENNETH
CITY-ST-ZIP 2 BLOOMFIELD FARM BLACKTILES LANE
MARTLESHAM, SUFFOLK, UK 1P12- 4TD

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3434 KELLY PARK ROAD,
CITY-ST-ZIP ARPKA, FL. 32712.

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90012 007 ***150.00

910294



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2F034 (10-00)

1-21-01 407-884-5255