

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 035 ***550.00

DOCUMENT # **P99000109367**

1. Entity Name

KentVision, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

364 Golfview Road

Suite, Apt. #, etc.

3. Mailing Address

364 Golfview Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach, Fla

City & State

North Palm Beach, Fla

4. FEI Number

65-1010374

Applied For

Not Applicable

Zip

33408

Country

U.S.A.

Zip

33408

Country

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Kent Singleton**

Street Address (P.O. Box Number is Not Acceptable)

364 Golfview Road

City **North Palm Beach**

FL

Zip Code **33408**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Kent Singleton**
STREET ADDRESS **364 Golfview Road**
CITY - ST - ZIP **North Palm Beach, Fla 33408**

TITLE **Vice President**
NAME **Ben White**
STREET ADDRESS **422 Ulla Woods Drive**
CITY - ST - ZIP **Myrtle Beach, SC 29519**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ben White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-02

Date

561-622-2427

Daytime Phone #

CR2E034B (12/01)