

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90157 038 \*\*\*150.00

0001307

**DOCUMENT # S48017**

1. Entity Name

**L. L. KENT, INC.**

Principal Place of Business

**1998 EMBERS CT  
MIDDLEBURG FL 32068  
US**

Mailing Address

**1998 EMBERS CT  
MIDDLEBURG FL 32068  
US**

2. Principal Place of Business

**366 Foxridge Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**366 Foxridge Rd.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orange Park, FL**

City & State  
**Orange Park, FL**

4. FEI Number **59-3058751**

Applied For

Not Applicable

Zip  
**32065**

Country

Zip  
**32065**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KENT, LAURA LEE  
1998 EMBERS CT  
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name

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

**366 Foxridge Rd.**

**Orange Park**

**FL**

Zip Code

**32065**

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, LAURA LEE</b>	
STREET ADDRESS	<b>1998 EMBERS CT</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, NORVELLE S.</b>	
STREET ADDRESS	<b>1998 EMBERS CT</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>366 Foxridge Rd.</b>	
CITY-ST-ZIP	<b>Orange Park, FL 32065</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>366 Foxridge Rd.</b>	
CITY-ST-ZIP	<b>Orange Park, FL 32065</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		
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:** Laura L. Kent / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (904) 213-4607

Date

Daytime Phone #

CR2E034 (10/00)