2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am V44730 DOCUMENT # KENYON REAL ESTATE, INC Secretary of State 05-11-2001 90129 008 ***150.00 NC 63/01/2001 Mailing Address Principal Place of Business 410 CORTEZ RD, SUITE 110 P.O. BOX 9405 BRADENTON, FL BRADENTON, FL 34207 34706-9405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0345099 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent H. RICHARD KENYON Street Address (P.O. Box Number is Not Acceptable) 5303 BAY STATE RD PALMETTO, FL 34221 Zip Code City FL 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 typed or printed name of registered agent and title happlicable CATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT/DIRECTOR H RICHARD KENYON Addition Change ☐ Delete TITLE NAME NAME 5303 BAY STATE RO STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT Change Addition TITLE ☐ Delete TITLE 5303 BAY STATERD NAME NAME =HRICHARD KENYON STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP PALMETTO, FL 34221 Change ■ Addition SECRETARY KENYON ☐ Delete TITLE TITLE NAME NAME 5303 BAY STATE RO STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZiP TREASURER Change ☐ Addition ☐ Delete TITLE H. RICHARD KENYON NAME 5303 BAY STATERO PALMETTO, FC 34221 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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. Mes. H. RICHARD KENYON 4/27/2001 941-753-7228
GNING OFFICER OR DIRECTOR

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