

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90017 041 ***150.00

DOCUMENT # P96000004120

1. Entity Name

KENT COMMUNICATIONS, INC.

Principal Place of Business

**214 SHOREWOOD WAY
JUPITER FL 33458**

Mailing Address

**6671 W INDIANTOWN RD
56-132
JUPITER FL 33458
US**

2. Principal Place of Business

6671 W. INDIANTOWN RD

3. Mailing Address

Suite, Apt. #, etc.

56-132

City & State

JUPITER, FL

City & State

Zip

33458

Country

USA

Zip

Country

4. FEI Number

65-0656035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOBSON, PAUL

**214 SHOREWOOD WAY
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

HOBSON, PAUL

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

6671 W. INDIANTOWN RD

56-132

City

JUPITER

FL

Zip Code

33458

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

3/5/01

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 **D** ☐ Delete
NAME **HOBSON, PAUL**
STREET ADDRESS **214 SHOREWOOD WAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Delete
NAME **HOBSON, BARBARA**
STREET ADDRESS **214 SHOREWOOD WAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **HOBSON, PAUL**
STREET ADDRESS **6671 W. INDIANTOWN RD #56-132**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☒ Change ☐ Addition
NAME **HOBSON, BARBARA**
STREET ADDRESS **6671 W. INDIANTOWN RD #56-132**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☒ Addition
NAME **HOBSON, JOANNE**
STREET ADDRESS **6671 W. INDIANTOWN RD #56-132**
CITY-ST-ZIP **JUPITER, FL 33458**

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

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

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

PAUL MICHAEL HOBSON, 3/5/01 (561) 219 7633

Date

Daytime Phone #

CR2E034 (10/00)

0316231