

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

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

05-15-2002 90100 022 ***150.00

DOCUMENT # *P0000000 69332*

1. Entity Name

FOR KEEP'S SAKE USA, INC. ✓

DO NOT WRITE IN THIS SPACE

659779

2. Principal Place of Business

10636 MacGregor Dr.

Suite, Apt. #, etc.

3. Mailing Address

10630 MacGregor Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3706266

Applied For

Not Applicable

Zip

32514

Country

Escombria

Zip

32514

Country

Escombria

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert B. Hanshaw

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

10630 MacGregor Dr.

City

Pensacola

FL

Zip Code

32514

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
*PSD
HANSHAW, ROBERT B
10630 MACGREGOR DR
PENSACOLA, FL 32514*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VTD
SHIRLEY HANSHAW
10630 MACGREGOR DR
PENSACOLA, FL 32514*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B. Hanshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. HANSHAW

4/28/02

Date

850-473-2252

Daytime Phone #

CR2E034B (12/01)