

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **314421**

1. Entity Name
KEIM ASSOCIATES, INC.



Principal Place of Business
**802 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

Mailing Address
**802 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-1200351** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AYERS, ROBERT J.
3536 SE 18 AVE.
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE: PD
NAME: AYERS, ROBERT J
STREET ADDRESS: 3536 SE 18 AVENUE
CITY-ST-ZIP: CAPE CORAL FL 33904**

Delete

**TITLE: VD
NAME: STORY, JANE
STREET ADDRESS: 5708 FLAMINGO DR.
CITY-ST-ZIP: CAPE CORAL FL 33904**

Delete

**TITLE: S
NAME: LETENDRE, GLORIA G.
STREET ADDRESS: 480 NE 3RD PLACE
CITY-ST-ZIP: CAPE CORAL FL 33909**

Delete

**TITLE: T
NAME: BARZO, SUSAN
STREET ADDRESS: 5122 GLADE COURT
CITY-ST-ZIP: CAPE CORAL FL 33904**

Delete

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Delete

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:** Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

70026491



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)