2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

331158

1. Entity Name

KEEGAN CORPORATION



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90153 039 ***150.00

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P.O. BOX 11	lace of Busine 71 THE HILLS FL		P.O.	Mailing Address P.O. BOX 171 HOWEY IN THE HILLS FL 34737 US					I i rac fil ac di r ación de la compa	12 1821 8481	Bibli 8:8: 1 8 :	Dir Oldis didir sadı
2. Principa	l Place of Busi	3. Ma	3. Mailing Address									
Suite, Ap	ot. #, etc.		Suit	Suite, Apt. #, etc.				1	☐ CHECK HERE I	F MAKII	NG CHANG	iFS
City & St	ate		City	City & State					4. FEI Number 59-1214035 Applied Fo			
Zip				·	Cour	untry		5. 0	Certificate of Status Desired		\$8.75	Not Applicable Additional
6. Name and Address of Current Registered Agent											Fee Req	uirea
						Name		<u> </u>	lame and Address of New Re	gistere	l Agent	
KEEGAN	KEEGAN, DOROTHY B. (HI					Name			_			
	TA CRUZ LA	•					Street Address (P.O. Box Number is Not Acceptable)					
	N THE HILL				•							
<u>.</u>						City				F	Zip C	
 The abov	e named entity ations of regist	y submits this statement ered agent.	for the purp	ose of changing its	registere	ed office o	r register	red age	nt, or both, in the State of Flor	ida. I an	n familiar wi	th, and accept
SIGNATURE		-										
	Signature, typed	or printed name of registered ager	nt and title if appl	icable. (NOTE	: Registered	d Agent signa	ture required	when rein	nstatino)	DATE		
Afte	er, May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department	of State		· · ·	· <u>-</u>	<u>.</u>		Election Campaign Fina Trust Fund Contribution.	ncing	\$5	.00 May Be
10.		OFFICERS AND	DIDECTOR	200	T							
TITLE -	PTS	OFFICERS AND	DIRECTOR	· · · · · · · · · · · · · · · · · · ·	11,			ADD	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	DRS IN 11
	1	-		☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·		☐ Changi	Addition
NAME	KEEGAN-H	LL, DOROTHY B			NAME		j				Orangi	, L' Youllon
STREET ADDRESS	709 SANTA	CRUZ LANE		•	STREE	TADDRESS						
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TITLE	v								-			
NAME	KEEGAN, J.	AMES C		☐ Delete	TITLE		İ				Change	☐ Addition
	735 13TH A	NIVIES C			NAME							
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	VERU BEAU	CH FL 32962			CITY-	ST-ZIP	<u></u>					
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2. Thereby o	ertify that the in	oformation supplied with	thin filing at					_				

Thereby 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 SECTION OFFICER OF DIRECTOR

772-567-8848