

As Amended

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 OCT -8 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700004644997--4

-10/19/01--01022--014

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # 484758			
1. Entity Name Walter L. Keller and Associates, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 2640 Golden Gate Pkwy		3. Mailing Address 2640 Golden Gate Pkwy	
Suite, Apt. #, etc. Suite 305		Suite, Apt. #, etc. Suite 305	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34105	Country Collier	Zip 34105	Country Collier
4. FEI Number 59-1648549		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent McDonnell, Michael R N 720 Goodlette Road Suite 304 Naples, Florida 33940		7. Name and Address of New Registered Agent Name: Charles M. Kelly, Jr. Street Address (P.O. Box Number is Not Acceptable): 2640 Golden Gate Parkway Suite 305 City: Naples FL Zip Code: 34105	
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: President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			941/261=3453

CR2E034 (11/00)