

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90057 044 ***150.00

DOCUMENT # 685546

1. Entity Name
KESLINGER ENTERPRISES, INC.

Principal Place of Business
**2305 FLAMING ARROW DR.
 LAKELAND FL 33813**

Mailing Address
**242 N. KENTUCKY AVE
 LAKELAND FL 33801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

242 N. Kentucky Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lakeland FL

City & State

4. FEI Number **59-2033729**

Applied For
 Not Applicable

Zip
33801

Country
PolK

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESLINGER, LYNNE C.

2305 FLAMING ARROW DR. address change only
LAKELAND FL 33813

Name

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

242 N. Kentucky Ave

City

Lakeland

FL

Zip Code

33801

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 **Lynne C. Keslinger** **2-20-02**
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KESLINGER, JAMES E	
STREET ADDRESS	2305 FLAMING ARROW DR. address change only	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PDV	<input type="checkbox"/> Delete
NAME	KESLINGER, LYNNE C	
STREET ADDRESS	2305 FLAMING ARROW DR. address change only	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	242 N. Kentucky Ave	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	242 N. Kentucky Ave	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and covered.

SIGNATURE: **Lynne C. Keslinger Pres** **2-20-02** **863 683 4444**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)