

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90107 009 ***150.00

0639570 AV

DOCUMENT # 686152

1. Entity Name

KEENE BROS., INC.

Principal Place of Business

**4946 LAND O' LAKES BLVD.
 LAND O' LAKES FL 34639**

Mailing Address

**4946 LAND O' LAKES BLVD.
 LAND O' LAKES FL 34639**

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

59-2037134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KEENE, ROBERT D
 9118 EHREN CUTOFF
 LAND O' LAKES FL 34639**

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.

SIGNATURE

No change at this time.

1-4-02

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

TITLE P/D ☐ Delete
 NAME KEENE, ROBERT D SR
 STREET ADDRESS 9118 EHREN CUTOFF
 CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE V ☐ Delete
 NAME KEENE, ROBERT D JR.
 STREET ADDRESS 9118 EHREN CUTOFF
 CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE S ☐ Delete
 NAME KEENE, DAVID T
 STREET ADDRESS 3610 GRAND FORKS DR.
 CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE S ☒ Delete
 NAME MCGUIRE, CHERA L
 STREET ADDRESS 13237 LAUDERDALE DR.
 CITY-ST-ZIP HUDSON FL 34667

TITLE T ☐ Delete
 NAME KEENE, STEVEN E
 STREET ADDRESS 14087 SANDY DR.
 CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Signature of Robert D. Keene Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 813-996-2700
 Date Daytime Phone #

CR2E034 (9/01)