2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90138 029 ***150.00

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DOCUMENT # F31388

1. Entity Name
KEEGAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5000 SAN PEDRO COURT MILTON FL 32583	5000 SAN PEDRO CT MILTON FL 32583 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5048 SAN MIGUEL ST		5048 SAN MIGUEL ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MILTON, FL		City & State: MILTON, FL	
Zip: 32583	Country:	Zip: 32583	Country:

4. FEI Number 59-2087388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UPCHURCH, JACK
5000 SAN PEDRO COURT
MILTON FL 32583

7. Name and Address of New Registered Agent

Name: UPCHURCH, JACK
Street Address (P.O. Box Number is Not Acceptable): 5048 SAN MIGUEL ST
City: MILTON FL Zip Code: 32583

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: Jack Upchurch 3/31/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST UPCHURCH, JACK 5000 SAN PEDRO COURT MILTON FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED Jack Upchurch 3/31/03 850-994-7950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #