

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002367

1. Entity Name

JOHN T. KECK, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90079 039 ***150.00

Principal Place of Business	Mailing Address
15 CHELSEA DR FT WALTON BCH FL 32547 US	15 CHELSEA DR FT WALTON BCH FL 32547-1605 US

2. Principal Place of Business 40 Chelsea Dr.	3. Mailing Address 40 Chelsea Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Walton Beach Florida	City & State Fort Walton Beach Florida
Zip 32547	Zip 32547
Country USA	Country USA

4. FEI Number 36-4016176	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KECK, DORIS 505 AMELIA ST. FORT WALTON BEACH FL 32548

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 _____
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, 2000 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																								
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Keck

Date

Daytime Phone #

(850) 862-8022