

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2002 90060 032 ***150.00

0580414 AT

DOCUMENT # G70341

1. Entity Name

KEYSER ENTERPRISES, INC.

Principal Place of Business

148 KEYSER LANE
~~ROXBORO NC 27573~~
US

Mailing Address

148 KEYSER LANE
~~ROXBORO NC 27573~~
US

80037619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 805
 Suite, Apt. #, etc.
FT. WHITE, FLORIDA
 City & State

3. Mailing Address

P.O. BOX 805
 Suite, Apt. #, etc.
FT. WHITE, FLORIDA
 City & State

4. FEI Number

59-2344474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
32038

Country

US

Zip
32038

Country

US

6. Name and Address of Current Registered Agent

FREEMAN, THOMAS G ESQ
1009 HWY 436
P O BOX 70
ALTAMONTE SPRINGS FL 32715-0070

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, 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 ☐ Delete
 NAME **V KEYSER, DAVID T**
 STREET ADDRESS **148 KEYSER LANE**
 CITY-ST-ZIP **ROXBORO NC 27573** **P.O. BOX 805 FT. WHITE, FLA. 32038**

TITLE ☐ Delete
 NAME **P COLLINS, RONALD J**
 STREET ADDRESS **75 KEYSER LANE**
 CITY-ST-ZIP **ROXBORO NC 37573** **SAME**

TITLE ☐ Delete
 NAME **S COLLINS, JILL M. KEYSER**
 STREET ADDRESS **75 KEYSER LANE**
 CITY-ST-ZIP **ROXBORO NC** **SAME**

TITLE ☐ Delete
 NAME **T KEYSER, BONNIE M**
 STREET ADDRESS **148 KEYSER LANE**
 CITY-ST-ZIP **ROXBORO NC** **SAME**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: BONNIE M. KEYSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 19, 2002
 Date

386-961-9675
 Daytime Phone #

CR2E034 (9/01)