

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90124 024 ***558.75

DOCUMENT # G71634

1. Entity Name
KIRKEY & ASSOCIATES, INC.

Principal Place of Business

~~1920 BOOTHE CIR~~
~~SUITE 200~~
~~LONGWOOD FL 32750~~
~~US~~

Mailing Address

~~1920 BOOTHE CIR~~
~~SUITE 200~~
~~LONGWOOD FL 32750~~
~~US~~

2. Principal Place of Business

757 TERRA PLACE

Suite, Apt. #, etc.

3. Mailing Address

757 TERRA PLACE

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

MAITLAND, FL

4. FEI Number

59-2342675

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKEY, PATRICK E.
~~1920 BOOTHE CIR~~
~~SUITE 200~~
~~LONGWOOD FL 32750~~

7. Name and Address of New Registered Agent

Name
KIRKEY, PATRICK E.
 Street Address (P.O. Box Number is Not Acceptable)
757 TERRA PLACE
 City
MAITLAND FL Zip Code
32750

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 *Patrick E. Kirkey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/09/2002
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	KIRKEY, PATRICK E.	
STREET ADDRESS	1920 BOOTHE CIR, STE. 200	
CITY-ST-ZIP	LONGWOOD-FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRKEY, JOYCE D.	
STREET ADDRESS	1920 BOOTHE CIR, STE. 200	
CITY-ST-ZIP	LONGWOOD FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKEY, PATRICK E.	
STREET ADDRESS	757 TERRA PLACE	
CITY-ST-ZIP	MAITLAND, FL 32750	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKEY, JOYCE D.	
STREET ADDRESS	757 TERRA PLACE	
CITY-ST-ZIP	MAITLAND, FL 32751	
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 empowered.

SIGNATURE: *Patrick E. Kirkey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/2002 401-539-0520

Date

Daytime Phone #

CR2E034 (4/02)