

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G77653**

1. Entity Name

BUD KEENE CRANE RENTAL INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90188 010 ***150.00

Principal Place of Business

Mailing Address

% W. K. KEENE
2407 TRAPNELL RD.
PLANT CITY FL 33566

% W. K. KEENE
2407 TRAPNELL RD.
PLANT CITY FL 33566-4615

900041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4645 State Road 60 West

3. Mailing Address

4645 State Road 60 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mulberry, Florida

City & State

Mulberry, Florida

4. FEI Number

59-2360835

Applied For

Not Applicable

Zip

33860

Country

Polk

Zip

33860

Country

Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEENE, W. K.
2407 TRAPNELL ROAD
PLANT CITY FL 33566

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KEENE, WILLIAM K**
CITY-ST-ZIP **2407 TRAPNELL ROAD**
PLANT CITY FL 33566

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **KEENE, WILLIAM KIP**
CITY-ST-ZIP **1106 S TEAKWOOD DR**
PLANT CITY FL 33566

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KEENE, LAVERNE LETT**
CITY-ST-ZIP **2407 TRAPNELL ROAD**
PLANT CITY FL 33566

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 lines empowered.

SIGNATURE:

William K. Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-425-4510

Date **1-10-00** Phone #

CR2E034 (9/99)