2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED DOCUMENT # G85253 Mar 29, 2000 8:00 am **Secretary of State** KEENER'S ENGINE MACHINE, INC. 03-29-2000 90028 002 ***150.00 Mailing Address Principal Place of Business 2517 NORTH MILITARY TRAIL 2517 NORTH MILITARY TRAIL WEST PALM BEACH FL 33409-2908 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2371309 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEENER. DAVID Street Address (P.O. Box Number is Not Acceptable) 10629 SUMMERTIME LANE . ROYAL PALM BCH FL 33411 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! EEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10.-Election: Compaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD Change ■ Addition CR2E034 (9/99 ☐ Delete TITLE TITLE KEENER, DAVID NAME NAME 10629 SUMMERTIME LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL 33411 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE KEENER, JUDY NAME STREET ADDRESS 10629 SUMMERTIME LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 Delete ☐ Change Addition TITLE TITLE MCKENNA, JODY NAME NAME STREET ADDRESS 13018 48TH CRT NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Addition ☐ Delete TITLE TITLE MCKENNA, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 1560-C WINDORAH WAY CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 receive 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.