## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22490  1. Entity Name  KEEDY & ROHE, P.A.					Secretary of State 02-01-2002 90036 010 ***150.00			
Principal Place of Business         Mailing Address           733 NORTH 3RD STREET         733 NORTH 3RD STREET           P O BOX 493210         P O BOX 493210           LEESBURG FL 34749-3210         LEESBURG FL 34749-3210           US         US								
2. Principal Place of Business 220 W. MAIN St. 220 W. Main Suite, Apt. #, etc.				<u>.</u>	DO NOT WRITE IN THIS SPACE			
Tav 3277	ares, FL	favares 32778	FL Country SA		FEI Number 59-2689996  Certificate of Status Desired			
	6. Name and Address of Current Re	gistered Agent	Name V	7.	Name and Address of New Regi	· · · · · · · · · · · · · · · · · · ·		
KEEDY, JAMES F.  733 N. THIRD STREET  LEESBURG FL 34748				reed 25W	dy James F. Py Box Number is Not Asceptable)			
			City	ware	25	FL Zig Cgd	778	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature: typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filling requirement and elects to do so After May 1, 200			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Finance Trust Fund Contribution.	+	May Be I to Fees	
11.	OFFICERS AND DI		12.	Det	ADDITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KEEDY, JAMES F. 733 N.THIRD ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keedu	J. Tames F. W. Main St Tes. FL 32778	<b>(∑</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEDY, JAMES F. 733 N.THIRD ST. LEESBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	, James P. W. maint St oves FL 32778	<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<u> </u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	pertify that the information supplied with the on this report or supplemental report is to poration or the receives or trustee empower or on an attachment with an address, with	ie and accurate and that my i	cionature chall h:	ave the same	e legal effect so if made under oath	<ul> <li>that I am an officer.</li> </ul>	or director 1	

SIGNATURE:

352-742-1204