

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 049 ***150.00

DOCUMENT # J27461

1. Entity Name
GREGORY G. KEANE, P.A.



Principal Place of Business

**729 S FEDERAL HWY
SUITE 222
STUART FL 34994
US**

Mailing Address

**729 S FEDERAL HWY
SUITE 222
STUART FL 34994
US**

2. Principal Place of Business

**1000 SE Monterey Commons Blvd.
Suite, Apt. #, etc.
Suite 202**

3. Mailing Address

**1000 SE Monterey Commons Blvd.
Suite, Apt. #, etc.
Suite 202**

**City & State
Stuart FL**

**City & State
Stuart, FL**

4. FEI Number 59-2711389

Applied For

Not Applicable

Zip 34996

Country USA

Zip 34996

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEANE, GREGORY G.
729 S FEDERAL HWY
SUITE 222
STUART FL 34994**

7. Name and Address of New Registered Agent

**Name Gregory G. Keane
Street Address (P.O. Box Number is Not Acceptable)
1000 SE Monterey Commons Blvd.
Suite 202
City Stuart FL Zip Code 34996**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE DP
NAME KEANE, GREGORY G. ☒ Delete
STREET ADDRESS 729 S FEDERAL HWY, SUITE 222
CITY-ST-ZIP STUART FL 34994**

**TITLE DP ☒ Change ☐ Addition
NAME Gregory G. Keane
STREET ADDRESS 1000 SE Monterey Commons Blvd., Ste. 202
CITY-ST-ZIP Stuart, Florida 34996 ☐ Change ☐ Addition**

**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**

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

**TITLE ☐ Delete
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CITY-ST-ZIP**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G. G. Keane* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 776-288-0800
Date Daytime Phone #

CR2E034 (10/02)