

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67057

1. Entity Name

JERRY KEES SALES, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90447 028 ***150.00

Principal Place of Business

Mailing Address

5712 SW 88TH TERRACE
COOPER CITY FL 33328

5712 SW 88TH TERRACE
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

4770 N Citation Dr
Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.

City & State
Delray Beach FL

City & State

Zip
33445

Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0042496

Applied For
Not Applicable

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

KEES, JERRY
8061 W. MCNAB RD.
TAMARAC FL 33321

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D ☐ Delete
NAME KEES, JERRY
STREET ADDRESS 5712 SW 88TH TERRACE
CITY-ST-ZIP COOPER CITY FL

TITLE ☒ Change ☐ Addition
NAME 4770 N Citation Dr #103
STREET ADDRESS Delray Beach FL 33445
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEES, MARY
STREET ADDRESS 5712 SW 88TH TERRACE 768 NW 90 Ter.
CITY-ST-ZIP COOPER CITY FL Plantation FL

TITLE ☒ Change ☐ Addition
NAME 268 NW 90 Ter
STREET ADDRESS Plantation FL 33324
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 954-484-0311

Date

Daytime Phone #

CR2E034 (10/00)