

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91536 034 \*\*\*150.00

**DOCUMENT # J67057**

**1. Entity Name**  
**JERRY KEES SALES, INC.**

**Principal Place of Business**

**Mailing Address**

~~4770 N. CITATION DR.~~

~~4770 N. CITATION DR.~~

~~100~~

~~100~~

~~DELRAY BEACH FL 33445~~

~~DELRAY BEACH FL 33445~~

**2. Principal Place of Business**

**3. Mailing Address**

**8085 Cormyour Way**  
 Suite, Apt. #, etc.

**Same**  
 Suite, Apt. #, etc.

**City & State**  
**Boynton Beach FL**

**City & State**

**4. FEI Number**  
**65-0042496**

**Applied For**  
**Not Applicable**

**Zip**  
**33347**

**Country**  
**Palm Beach**

**Zip**

**Country**

**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**

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, 2002 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**  
~~4770 N. CITATION DR., #100~~ **8085 Cormyour Way**  
**CITY-ST-ZIP**  
~~DELRAY BEACH FL 33445~~ **Boynton Beach**

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

**TITLE**  
**D** ☐ Delete  
**NAME**  
**KEES, MARY**  
**STREET ADDRESS**  
~~768 NW 99 TERR~~ **8085 Cormyour Way**  
**CITY-ST-ZIP**  
~~PLANTATION FL 33324~~ **Boynton Beach FL**

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

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

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

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

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**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:** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/2/02 561-910-4582**

CR2E034 (9/01)