

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K34453

1. Entity Name

JOHN KEELING CONSULTING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90131 031 ***150.00

Principal Place of Business

1282 KINGSWAY LANE
TARPON SPRINGS FL 34689
US

Mailing Address

1282 KINGSWAY LANE
TARPON SPRINGS FL 34689-7618
US

effective 5/15/00

2. Principal Place of Business

1146 HAGEN DR

3. Mailing Address

1146 HAGEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34655

Country

US

Zip

34655

Country

US

4. FEI Number

59-2918719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEELING, JOHN
1282 KINGSWAY LANE
TARPON SPGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1146 HAGEN DR

City

NEW PORT RICHEY

FL

Zip Code

34655

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

JOHN E. KEELING

3-23-00

Signature, type 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, 2000 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

TITLE PVS
NAME KEELING, JOHN
STREET ADDRESS 1282 KINGSWAY LN
CITY-ST-ZIP TARPON SPGS FL 34689 ☐ Delete

TITLE T
NAME KEELING, JOHN
STREET ADDRESS 1282 KINGSWAY LN
CITY-ST-ZIP TARPON SPGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1146 HAGEN DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1146 HAGEN DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Change ☐ Addition

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

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

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

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

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:

JOHN E. KEELING

3/23/00

727-787-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN14 (3/98)