

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019068

1. Entity Name

JAYNEAL CORPORATION

Principal Place of Business

655 21ST STREET, SUITE 203  
VERO BEACH FL 32960

Mailing Address

655 21ST STREET, SUITE 203  
VERO BEACH FL 32960

2. Principal Place of Business

654 21st Street

Suite, Apt. #, etc.

3. Mailing Address

654 21st Street

Suite, Apt. #, etc.

City & State

Vero Beach, FL.

City & State

Vero Beach, FL.

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

6. Name and Address of Current Registered Agent

NALL, ROBERT C  
655 21ST STREET, SUITE 203  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NALL, ROBERT C	
STREET ADDRESS	655 21ST STREET, SUITE 203	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENEAL B. KEELING	
STREET ADDRESS	654 21st St.	
CITY-ST-ZIP	VERO Beach, FL. 32960	
TITLE	Vice President - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. KEELING	
STREET ADDRESS	654 21st Street	
CITY-ST-ZIP	VERO Beach, FL. 32960	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn W. Baxter	
STREET ADDRESS	654 21st St.	
CITY-ST-ZIP	VERO Bch., FL. 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Deneal B. Keeling, Pres. Deneal B. Keeling 3/26/01 561-778-8007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0085298

CR2E034 (10/00)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90225 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE