

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 041 ***158.75

DOCUMENT # **P 0 00000 22837**

1. Entity Name

Keefe Masowky Inc.

DO NOT WRITE IN THIS SPACE

656559

2. Principal Place of Business

6810 South Olive Ave

3. Mailing Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W.P.B. FL.

City & State

S/A

Zip

33405

Country

USA

Zip

Country

4. FEI Number

65-0988358

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CAROLINA Keefe

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

6810 S. Olive Ave

City

W.P.B.

FL

Zip Code

33405

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

6/4/23/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT** **50%**
NAME **Keefe, Howard**
STREET ADDRESS **6810 South Olive Ave.**
CITY-ST-ZIP **West Palm Beach FL. 33405**

TITLE **V.P.** **50%**
NAME **John Duff**
STREET ADDRESS **3852 South 55th Ave**
CITY-ST-ZIP **GREENACRES FL. 33405**

TITLE **Secretary** **0%**
NAME **Richard Wright**
STREET ADDRESS **6810 South Olive Ave.**
CITY-ST-ZIP **W.P.B. FL. 33405**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

561-371-3211
Daytime Phone #

CR2E034B (12/01)