

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032884

1. Entity Name
KEELEY, INC

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 029 ***150.00

Principal Place of Business

Mailing Address

1168 EAST OLD RT 30
ORRTANNA PA 17353

1168 EAST OLD RT 30
ORRTANNA PA 17353

2. Principal Place of Business

1668-E OLD RT 30
Suite, Apt. #, etc.

3. Mailing Address

1668-E OLD RT 30
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ortanna, PA
Zip 17353 Country USA

City & State

Ortanna, PA
Zip 17353 Country USA

4. FEI Number

000000

☒ 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

HARRELL, JOHN W
11150 MAHAN DRIVE
TALLAHASSEE FL 32308

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 P, VP, ST
NAME Keeley Retchloff - Nagle
STREET ADDRESS 1668-E OLD RT 30
CITY-ST-ZIP Ortanna, PA 17353 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President, VP, Sec~~ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: *Keeley Retchloff - Nagle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4-23-01 77-334
0775

CR2E034 (10/00)