

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90466 036 \*\*\*150.00

**DOCUMENT # P00000043530**

1. Entity Name

**KEITH'S DESIGN & CONSTRUCTION, INC.**

Principal Place of Business

**425 SUNDOWN TRAIL  
 CASSELBERRY FL 32707**

Mailing Address

**425 SUNDOWN TRAIL  
 CASSELBERRY FL 32707**

2. Principal Place of Business

**425 SUNDOWN TR**

3. Mailing Address

**425 SUNDOWN TR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CASSELBERRY, FL.**

City & State

**CASSELBERRY, FL.**

Zip

**32707**

Country

**SEMINOLE**

Zip

**32707**

Country

**SEMINOLE**

6. Name and Address of Current Registered Agent

**WILLIAMS, BENJAMIN K  
 425 SUNDOWN TRAIL  
 CASSELBERRY FL 32707**

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

*Benjamin K. Williams*

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

**BENJAMIN K. WILLIAMS PRESIDENT 3-8-01**

(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** ☐ Delete  
 NAME **WILLIAMS, BENJAMIN K**  
 STREET ADDRESS **425 SUNDOWN TRAIL**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*Benjamin K. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BENJAMIN K. WILLIAMS PRESIDENT**

Date

Daytime Phone #

**3-8-01 407 782 6687**

CR2E034 (10/00)