

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90093 032 ***150.00

DOCUMENT # P00000089696

1. Entity Name
 CHRIS KEITH, P.A.

Principal Place of Business
 500 SOUTHEAST 6TH STREET
 SUITE 101
 FORT LAUDERDALE FL 33301

Mailing Address
 500 SOUTHEAST 6TH STREET
 SUITE 101
 FORT LAUDERDALE FL 33301



2. Principal Place of Business
 1500 S.E. 6TH STREET
 Suite, Apt. #, etc.
 SUITE 101

3. Mailing Address
 SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 FORT LAUDERDALE, FLA
 Zip
 33301

City & State

4. FEI Number 65-0148127

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEITH, CHRIS
 500 SE 6TH ST
 SUITE 101
 FORT LAUDERDALE FL 33301

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 2/3/02
 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, 2002 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 KEITH, CHRIS
 STREET ADDRESS 500 SOUTHEAST 6TH STREET SUITE 101
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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 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: 2/3/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)