

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90025 001 ***150.00

DOCUMENT # P00000094184

1. Entity Name
KEICOR CONSULTING, INC.

Principal Place of Business
**502 RIVERA DR
 ALTAMONTE SPRINGS FL 32701**

Mailing Address
**502 RIVERA DR
 ALTAMONTE SPRINGS FL 32701**

00020850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
815 ORIENTA AVE
 Suite, Apt. #, etc.
STE 2
 City & State
Altamonte Springs, FL
 Zip
32701 Country
USA

3. Mailing Address
815 ORIENTA AVE
 Suite, Apt. #, etc.
STE 2
 City & State
Altamonte Springs, FL
 Zip
32701 Country
USA

4. FEI Number
59-3675916

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**LEHMANN, KEITH
 502 RIVERA DR
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
815 ORIENTA AVE #2
 City
Altamonte Springs FL Zip Code
32701

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 *Keith Lehmann* **Keith Lehmann** 2/22/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEHMANN, KEITH 502 RIVERA DR ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Corazon Lehmann 502 RIVERA DR Altamonte Springs, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Lehmann* **Keith Lehmann** President 2/22/01 407 960-1273
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)