

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90058 033 ***150.00

0032991
 SP

DOCUMENT # P00000096629

1. Entity Name

A.H. KEYPUNCH SERVICE, INC.

Principal Place of Business

**4701 S. INDIAN RIVER DR.
 FORT PIERCE FL 34982**

Mailing Address

**AH KEYPUNCH SERVICE INC.
 SHELDON KOTEL CPA P.C 685 PLAINVIEW RD
 BETHPAGE NY 11714**

2. Principal Place of Business

1367 BARBER ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTION FL

City & State

4. FEI Number

65-1049509

Applied For

Not Applicable

Zip

Country

Zip

Country

32958-5556

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

HENNECH, AMALIE

**4701 SOUTH INDIAN RIVER DRIVER
 FORT PIERCE FL 34982**

Name

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

1367 BARBER ST

City

SEBASTION

FL

Zip Code

32958

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HENNECH, AMALIE**
 CITY-ST-ZIP **4701 S. INDIAN RIVER DR.
 FORT PIERCE FL**

TITLE ☒ Change ☐ Addition
 NAME **4701 1367 BARBER ST**
 STREET ADDRESS **SEBASTION FL 32958**
 CITY-ST-ZIP

TITLE ☐ Delete
 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: Amalie Hennech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)