

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90024 036 ***150.00

DOCUMENT # P00000105072

1. Entity Name

JIM KEELER ENTERPRISES, INC.

Principal Place of Business

**1279 COUNTY RD 2A
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**PO BOX 700
 GENEVA AL 36340-0700**

2. Principal Place of Business

3. Mailing Address

1279 CTY RD 2A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEFUNIAK SPRINGS FL

4. FEI Number

58-2588326

Applied For

Not Applicable

Zip

Country

Zip

Country

32433

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

**ELLENBURG, USA
 1130 ENGLISH LANE
 WESTVILLE FL 32464**

Name

JIM KEELER

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

1279 CTY RD 2A

City

DEFUNIAK SPRINGS

FL

Zip Code

32433

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 **P** **COUNTY** ☐ Delete
 NAME **KEELER, JIM**
 STREET ADDRESS **1279 CRINTY RD 2A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

TITLE **ST** **COUNTY** ☐ Delete
 NAME **KEELER, MARY**
 STREET ADDRESS **1274 CRINTY RD 2A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

JIM L. KEELER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02
 Date

850-834-2974
 Daytime Phone #

CR2E034 (9/01)