

**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90241 024 ***150.00

DOCUMENT # P01000002832

1. Entity Name

BARRETT KEITH MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6591

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6591

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33310

Country

BROWARD

City & State

FT. LAUDERDALE, FL.

Zip

33310

Country

BROWARD

4. FEI Number

65-1089022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

20044177

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BARRETT KLUCK

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

8775 MALAMOR LANE

City

WEST PALM BEACH

FL

Zip Code

33412

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BARRETT KLUCK
8775 MALAMOR LANE
WEST PALM BEACH, FL. 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
PATRICIA D. KLUCK
8775 MALAMOR LANE
WEST PALM BEACH, FL. 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ERIC A. NOBERG
2659 S.W. 73 WAY
DAVIE, FL. 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eric A. Noborg Eric A. NOBERG

4-20-05 (954) 655-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)