

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0121018 AT

DOCUMENT # P01000003958

1. Entity Name
MCKEE ENTERPRISES INC.



FILED

03 AUG 14 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1812 NEEDLE PALM DRIVE
EDGEWATER FL 32132

Mailing Address
1812 NEEDLE PALM DRIVE
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3700728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCKEE, DUANE
1812 NEEDLE PALM DRIVE
EDGEWATER FL 32132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKEE, DUANE
1812 NEEDLE PALM DRIVE
EDGEWATER FL 32132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022612852
08/27/03--01056--011 **150.00 ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE MCKEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-03 (386) 427-9690
Date Daytime Phone #

CR2E034 (4/03)

8-6-03

Attachment

page note

#P01000003958

I mailed the first UBR Form & check on April 4th 2003
When I got your second notice I checked the bank
and the check never came in. Your office told me
to send in another check for 150⁰⁰ and the second
Notice

Thank you, Duane McKee

(386) 547-2152

(386) 427-9690