

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0424035  
 AV

**DOCUMENT # P01000004667**

1. Entity Name

**FLORIDA OFFICE SYSTEMS, INC.**

04-11-2002 90052 050 \*\*\*150.00

Principal Place of Business

**3101 WEST CYPRESS STREET  
 TAMPA FL 33607**

Mailing Address

**3101 WEST CYPRESS STREET  
 TAMPA FL 33607**

*Florida Office Systems* *Florida Office Systems*

2. Principal Place of Business

**3101 West Cypress St**

3. Mailing Address

**c/o Sherdette Keefer**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 70**



DO NOT WRITE IN THIS SPACE

City & State

**Tampa, Fla**

City & State

**Indian Rocks Bch**

4. FEI Number

**59 369 2869**

Applied For

Not Applicable

Zip

**33607**

Country

**Hillsborough**

Zip

**Fla**

Country

**33705**

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

**KEEFER, SHERDETTE  
 3101 WEST CYPRESS STREET  
 TAMPA FL 33607**

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.

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 **KEEFER, SHERDETTE**  
 CITY-ST-ZIP **3101 WEST CYPRESS STREET  
 TAMPA FL 33607**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:**

*Sherdette Keefer* *Sherdette Keefer-President*

**806-263-1037**

**4-3-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)