

FILED

Apr 23, 2002 8:00 am  
Secretary of State

03-13-2002 90089 050 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042776

1. Entity Name

GEORGE KEENAN, INC.

Principal Place of Business

2104 S. CYPRESS BEND DRIVE  
BUILDING #12 - UNIT #108  
POMPANO BEACH FL 33069

Mailing Address

2104 S. CYPRESS BEND DRIVE  
BUILDING #12 - UNIT #108  
POMPANO BEACH FL 33069

2. Principal Place of Business

2200 S. CYPRESS BEND DR

Suite, Apt. #, etc.

APT. #906

3. Mailing Address

2200 S. CYPRESS BEND DR

Suite, Apt. #, etc.

APT. #906

City &amp; State

POMPANO BEACH FL

City &amp; State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-1108903

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEENAN, GEORGE

2104 S. CYPRESS BEND DRIVE  
BUILDING #12 - UNIT #108  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

KEENAN, GEORGE

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

2200 S. CYPRESS BEND DR - APT. #906

City

POMPANO BEACH

FL

Zip Code

33069

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 State10. 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 NAME ☐ Delete

NAME KEENAN, GEORGE

STREET ADDRESS 2200 S CYPRESS BEND DR. APT. 906

CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE NAME ☐ Delete

NAME PRESIDENT

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

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CITY-ST-ZIP

TITLE NAME ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE KEENAN

Date

Daytime Phone #

954-921-2112

CR2E034 (9/01)