

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

FILED
Aug 14, 2002 8:00 am
Secretary of State

07-31-2002 90103 018 ***150.00
01-30-2002 90141 032 ***150.00

DOCUMENT # **PO 1000064707**

1. Entity Name
KASS KEEGAN ISLAND REAL ESTATE, INC. ✓

NIC
FLD
8/28/01
[initials]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1629 S.W. HARBOUR ISLES

3. Mailing Address
1629 S.W. HARBOUR ISLES

Suite, Apt. #, etc.
CIRCLE

Suite, Apt. #, etc.
CIRCLE

City & State
ST. LUCIE West, FL

City & State
ST. LUCIE West, FL

Zip
34986

Country
ST. LUCIE

Zip
34986

Country
ST. LUCIE

4. FEI Number
165-1148190

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
KASS KEEGAN
Street Address (P.O. Box Number is Not Acceptable)
1629 S.W. HARBOUR ISLES CIRCLE

City
ST. LUCIE West FL Zip Code
34986

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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
Kass Keegan

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

7/22/02
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
KASS KEEGAN
1629 S.W. HARBOUR ISLES
CIRCLE ST LUCIE FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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: **Kass Keegan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 772-344-8386
Date Daytime Phone #