

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90182 038 \*\*\*150.00

**DOCUMENT # P01000111915**

1. Entity Name  
**KEEP BUSY, INC.**

✓

Principal Place of Business

**1591 SHELL PT RD  
CRAWFORDVILLE FL 32327**

Mailing Address

**1591 SHELL PT RD  
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0566876**

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

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761**

## 7. Name and Address of New Registered Agent

Name

**Elmer L Martin**

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

**1591 Shell Point Rd.**

City

**Crawfordville, FL**

Zip Code

**32327**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **MARTIN, ELMER L**  
STREET ADDRESS **1591 SHELL PT RD**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

**Elmer L Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/6/02 850-886-6184**

CR2E034 (4/02)

attachment  
# P01000111915  
123613

August 6, 2002

Keep Busy, Inc.  
1591 Shell Point Road  
Crawfordville, FL 32327

Re: 2002 Uniform Business Report

Florida Department of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

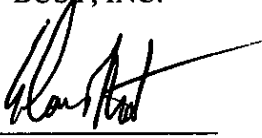
Please find enclosed our check in the amount of \$150 to cover original filing fee.

Evidently the first form which you sent did not make it to our location. The report indicating to file by September 13 is the first form we received. Therefore, we respectfully request that you accept the original \$150 filing fee.

Sincerely,

KEEP BUSY, INC.

By

  
E. Louis Martin  
Secretary