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

FILED
Jul 30, 2003 8:00 am
Secretary of State
07-30-2003 90070 010 ***550.00

Daytime Phone #

DOCUMENT#	P020000)36Dl	00
 Entity Name 	•	0	
Keller Me	chanical	+ Eng	Tre

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRI	TE IN THIS SF	PACE			
2. Principal Place of Business 4442 HD Lden Rd.	3. Mailing Address	11.081			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4442 Holden Kd. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Lakeland, F1.338	11 City & State (aKeland	(akeland, Fl.		7246 Applied For Not Applicable	
33811 Country USA	33811	33811 Country USA		5. Certificate of Status Desired Security Securi	
Current Registered	Name and Address of Current Registered Agent Name 2				
Aztman, Stephen II Esa Sud Keller Street Aggress (P.Q. Box Number is Not Acceptable) Street Aggress (P.Q. Box Number is Not Acceptable) 1531 Royal Forest Loop					
Lukeland, Fl. 335	ുട്				
		City Luke	eland	FL Zip Code 33811	
The above named entity submits this statement the obligations of registered agent.	ent for the purpose of changi	4	ست به به مهمه در 	orida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed/fame of registered	I good and title if goodinable		4	7/21/03	
Signature, typed or printed have or registered. January 1 - May 1, Fee is \$150.0	restrict the contract restricts	·NEW Ke	a. Agent -) DOIE	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Departme	-			nancing \$5.00 May Be and Added to Fees	
had been the many that the third has been and safety after the many and have not a many that the many and the training	AND DIRECTORS				
TITLE NAME STREET ADDRESS 1531 RDYAL FORES CITY-ST-ZIP LAKELAND, FI.	t loof 33811	TITLE NAME STREET ADDRESS CITY - ST- ZIP			
TITLE VP NAME HUBBLE C KE STREET ADDRESS 1531 ROY & FOR	uler est bop	NAME STREET ADDRESS CITY:ST: ZIP			
Carelana, 11.	23811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ty r	TITLE NAME STREET ADDRESS CITY-ST-ZIP'	DO NOT	WRITE	
TITLE NAME		TITLE S	IN THIS	SPACE	
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NAME		NAME	and the second control of the second	Company of the second	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME		TITLE			
STREET ADDRESS		NAME STREET ADDRESS		to the state of th	
CITY-ST-ZIP		CITY-ST-ZIP		The control of the co	
12. I hereby certify that the information supplie indicated on this report or supplemental rejof the corporation or the receiver or truster attachment with an address, with all other light	port is true and accurate and that m e empowered to execute this report	ny signature shall have the s	same legal effect as if made under o	oath; that I am an officer or director	