


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 040 ***158.75

DOCUMENT # P02000107257

1. Entity Name
KEEPING TABS, INC.



Principal Place of Business
**2107 PARK AVE N
WINTER PARK, FL 32789**

Mailing Address
**2107 PARK AVE N
WINTER PARK, FL 32789**

2. Principal Place of Business
280 W. Canton Ave.

3. Mailing Address
280 W. Canton Ave.

Sub/Apt. #, etc.
110

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
Orange



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**NEWNUM, JANE
2107 PARK AVE N
WINTER PARK, FL 32789**

4. FEI Number
02-0652586

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Jane Newnum

Street Address (P.O. Box Number is Not Acceptable)
280 W. Canton Ave.

Suite 110

City
Winter Park

State
FL

Zip Code
32789

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 _____ (MORE Registered Agent signatures required when alternating) _____ DATE _____

FILE NOW! FEES IS \$150.00
After May 1, 2003 Fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWNUM, JANE 1443 HIBISCUS AVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Newnum Date: 4-29-03 Daytime Phone #: 407-599-5251 x104

CR2034 (10/02)