

**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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**280 W. Canton Ave.**  
**Suite/Apt. #, etc. 110**

3. Mailing Address  
**280 W. Canton Ave.**  
**Suite/Apt. #, etc. 110**

City & State  
**Winter Park, FL**  
**Zip 32789 Country Orange**

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4. FEI Number  
**02-0652586**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWMUM, JANE  
2107 PARK AVE N  
WINTER PARK, FL 32789**

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** **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

Signature, typed or printed name of registered agent and title if applicable.

(MORE: Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

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	<b>D NEWMUM, JANE 1443 HIBISCUS AVE WINTER PARK, FL 32789</b>	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jane Newnum*

**4-29-03**

**407-599-5251**  
**X104**

CR2E034 (10/02)