

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90114 028 ***158.75

0122783 AT

DOCUMENT # P02000115439

1. Entity Name
KEEN CONSULTATION SERVICES, INC.

(L)



Principal Place of Business

**11647 GRAZING BUCK COURT
TALLAHASSEE FL 32317**

Mailing Address

**P.O. BOX 12894
TALLAHASSEE FL 32317**



2. Principal Place of Business

1024 PINEY Z PLANTATION RD

3. Mailing Address

P.O. BOX 12894

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

74-3066197

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, RICHARD D JR.

**11647 GRAZING BUCK COURT
TALLAHASSEE FL 32317**

7. Name and Address of New Registered Agent

Name

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

1024 PINEY Z PLANTATION RD

City

TALLAHASSEE

FL

Zip Code

32311

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/1/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	P	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD D JR.	
STREET ADDRESS	11647 GRAZING BUCK COURT	1024 PINEY Z PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE FL 32317	TALLAHASSEE, FL 32311
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RICHARD D. JR	
STREET ADDRESS	1024 PINEY Z PLANTATION RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	VPRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JOANE M	
STREET ADDRESS	1024 PINEY Z PLANTATION RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	CONSULTANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, RICHARD DAVID	
STREET ADDRESS	1024 PINEY Z PLANTATION RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03

DATE

850 942 7514

Daytime Phone #

CR2E034 (4/03)