

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33359

1. Entity Name

KEEN AND KEEN, INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90196 043 ***150.00

Principal Place of Business 1766 S 8TH ST FERNANDINA BCH. FL 32034 US	Mailing Address 514 BANBURY RD KNOXVILLE TN 37922-4785 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3044 Robert Oliver Avenue	
City & State		City & State Fernandina Beach, Florida	
Zip	Country	Zip	Country
		32034	USA

4. FEI Number	65-1455390	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
JACOBS, ARTHUR I, P.A. 804 ATLANTIC AVE FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, KEEN H.	NAME	
STREET ADDRESS	514 BANBURY RD	STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	CITY-ST-ZIP	
TITLE	D	TITLE	VICE PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYES, TERESITA	NAME	TERESITA C. MAYES
STREET ADDRESS	3044 ROBERT OLIVER AVE	STREET ADDRESS	3044 ROBERT OLIVER AVE.
CITY-ST-ZIP	FERNANDINA BCH. FL 34024	CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	VS	TITLE	CHAIRMAN / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, KEEN L.	NAME	KEEN L. WONG
STREET ADDRESS	3044 ROBERT OLIVER AVE	STREET ADDRESS	1766 S. 8TH ST.
CITY-ST-ZIP	FERNANDINA BCH. FL 34024	CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED KEEN L. WONG (904) 261-9287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)