## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER

## FILED DOCUMENT # P93000015293 Feb 04, 2000 8:00 am KYLE KEESLING CONSTRUCTION, INC. Secretary of State 02-04-2000 90068 045 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 511206 6489 FLORIDA ST. PUNTA GORDA FL 33951-1206 PUNTA GORDA FL 33950 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0392092 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEESLING, KYLE Street Address (P.O. Box Number is Not Acceptable) 448 SCARLET SAGE PUNTA GORDA FL 33955 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KEESLING, KYLE NAME STREET ADDRESS 448 SCARLET SAGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 imposered to execute this report as required by papter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address vith all of empowered.