

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90327 029 \*\*\*150.00

**671570**

DOCUMENT # **P93 000055524** ✓

1. Entity Name  
**Keener Enterprise, Inc.**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**327 Azalea Dr**

3. Mailing Address  
**333 Oklander Ave**

Suite, Apt. #, etc.  
**#C**

Suite, Apt. #, etc.

City & State  
**Destin, FL**

City & State  
**Destin, FL**

4. FEI Number  
**59-3227392**

Applied For  
Not Applicable

Zip  
**32541**

Country  
**OKalawasa**

Zip  
**32541**

Country  
**OKalawasa**

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

**7. Name and Address of Current Registered Agent**

Name  
**Kathy Keener**

Street Address (P.O. Box Number is Not Acceptable)  
**333 Oklander Ave**

City **Destin** **FL** Zip Code **32541**

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IN THIS SPACE**

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 **Kathy Keener**

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

**Kathy Keener**

(NOTE: Registered Agent Signature required when reinstating)

**5/20/02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Margie K. Keener 333 Oklander Ave Destin, FL 32541</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V.P. Steve Mar Pilius 1406 Nishishin Trail Monona, WI 53712</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathy Keener** **Kathy Keener** **5/20/02** **8506505001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)