

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90043 010 ***150.00

DOCUMENT # P94000068318

1. Entity Name
BKH SERVICES, INC.



Principal Place of Business

**1 FLORIDA PARK DR. N.
SUITE 107
PALM COAST FL 32137**

Mailing Address

**1 FLORIDA PARK DR. N.
SUITE 107
PALM COAST FL 32137**

2. Principal Place of Business

5 Utility DRIVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Ste 14

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3270026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KEYES, GERALD P
1 FLORIDA PARK DR. N.
SUITE 107
PALM COAST FL 32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	KEYES, GERALD P	
STREET ADDRESS	1 FLORIDA PARK DR. N. 107	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALSEMA, MICHAEL	
STREET ADDRESS	42 SO. PENINSULA DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLERJACK, DAN	
STREET ADDRESS	42 SO. PENINSULA DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANGE, HOWARD	
STREET ADDRESS	42 S. PENINSULA DR.	
CITY-ST-ZIP	DAYTONA BCH. FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWLING, EVA F	
STREET ADDRESS	42 S. PENINSULA DR.	
CITY-ST-ZIP	DAYTONA BCH. FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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:

HOWARD STANGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 JAN 03 (386) 253-0677

Date

Daytime Phone #

CR2E034 (10/02)