

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90214 010 ***150.00

DOCUMENT # P94000071842

1. Entity Name
KEANE, REESE & VESELY, P.A.

Principal Place of Business
36426 U.S. HWY. 19 NORTH
PALM HARBOR FL 34690

Mailing Address
36426 U.S. HWY. 19 NORTH
PALM HARBOR FL 34690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 2D AVE SOUTH

3. Mailing Address
100 2D AVE SOUTH

Suite, Apt. #, etc.
SUITE 1201

Suite, Apt. #, etc.
SUITE 1201

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

Zip
33701

Country
USA

4. FEI Number
59-3269564

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~REESE, MICHAEL K.~~
36426 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

MICHAEL J. KEANE
 Street Address (P.O. Box Number is Not Acceptable)
100 2D AVE SOUTH SUITE 1201
ST. PETERSBURG
 City **FL** **FL** **33701**

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **VPD**
 NAME **KEANE, MICHAEL**
 STREET ADDRESS **100 2ND AVE. SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

☐ Delete

TITLE **PD**
 NAME **REESE, MICHAEL K.**
 STREET ADDRESS **36426 US HWY 19 NORTH**
 CITY-ST-ZIP **PALM HARBOR FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT**
 NAME **SECRETARY/TREASURER**
 STREET ADDRESS **DIRECTOR**
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VICE PRESIDENT**
 NAME **SHIRIN M. VESELY**
 STREET ADDRESS **100 2D AVE SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

☐ Change ☒ Addition

TITLE **VICE PRESIDENT**
 NAME **BRANDON VESELY**
 STREET ADDRESS **100 2D AVE SOUTH SUITE 1201**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J. KEANE **1/15/02** **823-5000** **(727)**

CR2E034 (9/01)