2002 UNIFORM BUSINESS REPORT (UBR)

P94000071842 DOCUMENT

1. Entity Name

KEANE, REESE & VESELY, P.A.

Principal Place of Business

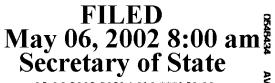
36426 U.S. HWY, 19 NORTH PALM HARBOR FL 34690

Mailing Address

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

Principal Place of Business Mailing Address AVE South SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. VITE

6. Name and Address of Current Registered Agent



05-06-2002 90214 010 ***150.00



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36 428 U.S. HIGHWAY 19 NOR	щ
PALM HARBOR FL 34684	

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Street Add	dress (P.S. Box I	Number is N	ot Acceptable	OUT	74	120/
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Oit.	•		- ·			

8. The above named entity submits this statement for the	e purpose of changing its registered office or registered a	gent or both in the State of Florids	
\$IGNATURE	/lear	1/22/0	2
Manature, Types of ortherdrame of registered agent and ti	of applicable. (NOTE: Registered Agent signature required when	reinstating)	
9. This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00	10. Election Campaign Financing	\$5.00 May

ens bunc, FL

- (See criteria on back)
- After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State
- Trust Fund Contribution.
- у Ве Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS (CHANGES TO OFFICERS AND DIDECTORS
TITLE NAME STREET ADDRESS	VPD Delete KEANE, MICHAEL 100 2ND AVE. SOUTH ST. PETERSBURG FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT SECNETAMY/THEASUMA DINECTOR Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, MICHAEL K. 36426 US HWY 19 NORTH PALM HARBOR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete □	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Change Addition SHIRIN M. VESELY 100 2D AVE SOUTH ST. PETENSBURG, ICL 3370/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	VICE PRESIDENT Change Addition BRANDON VESELY 100 2D AVE SOUTH SUITE 1201 37. PETENS BUNG, FL 33201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	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 attack from the receiver of the corporation of the corporation 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 attack from the corporation of the corporat

STREET ADDRESS

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP