2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000027093 DOCUMENT

1. Entity Name

KEENOTE ADVERTISING, INC.



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90181 022 ***150.00

Principal Place of Business 1322 E LUMSDEN RD BRANDON FL 33511			Mailing Address 1322 E LUMSDEN RD BRANDON FL 33511						
U\$ US									
2. Principal Place of Business			3. Mailing Address			1	· I COMPLEMENT THE COLOR OF THE COLOR OFFICE BOURT OFFICE TO	 	I I E I BOO HILL I DOLL
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	FEI Number 59-3329950		oplied For ot Applicable
Zip	Country	— Zip̄		Countr	y —— ——	5. (Certificate of Status Desired	8.75 Add ee Require	ditional d
	6. Name and Address of Curren	t Register	ed Agent			7. N	Name and Address of New Registered A	gent	
Name						•			
JEFFRIES, DAVID M 220 S FRANKLIN STREET					Street Address (I	Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602									
				-	City	•	, FL	Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	registered	office or registere	ed age	ent, or both, in the State of Florida. I am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered ager	t and title it app	blicable. (NOTE:	: Registered A	Agent signature required	when rei	instating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
Make Check Payable to Florida Department of State							Tradit and Contribution.		
10.	OFFICERS AND	DIRECTO		11.	··	ADI	DITIONS/CHANGES TO OFFICERS AND D		
TITLE	P Keeton, Connie L.		Delete	TITLE-				Change	☐ Addition
NAME STREET ADDRESS	2728 BUCKHORN OAKS DR		*		ADDRESS				1
CITY-ST-ZIP	VALRICO FL 33594			CITY-S	T-ZIP	_			
TITLE			☐ Delete	TITLE		-		Change	☐ Addition
NAME STREET ADDRESS				NAME	ADDRESS				
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TITLE			☐ Delete	TITLE		-	-^	Change	☐ Addition
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CITY-ST-ZIP		•		CITY-S	ADDRESS T-ZIP				
TITLE		_	☐ Delete	TITLE				Change	Addition
NAME				NAME					
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CITY-ST-ZIP				CITY-ST	1				
TITLE			☐ Delete	TITLE			[Change	Addition
NAME STREET ADDRESS				NAME	4DDD700				
				STREET	address				1
TITLE NAME STREET ADDRESS (CITY-ST-ZIP TITLE				TITLE NAME STREET CITY-ST	ADDRESS			7-d- 1	

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: