

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90094 006 ***150.00

DOCUMENT # P95000069499

1. Entity Name

KEELAN & BARBIE INC.

Principal Place of Business

**7428 SPRINGVILLA CIR
 ORLANDO FL 32819
 US**

Mailing Address

**7428 SPRING VILLA CIR
 ORLANDO FL 32819
 US**

2. Principal Place of Business

7430 PARK SPRINGS CIR

3. Mailing Address

7430 PARK SPRINGS CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3331310

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARHAM, KEELAN M
 7428 SPRING VILLA CIR
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **BARBARA PARHAM**

Street Address (P.O. Box Number is Not Acceptable)

7430 PARK SPRINGS CIRCLE

City **ORLANDO**

FL

Zip Code **32835**

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

Barbara Parham, President

BARBARA PARHAM, PRES.

1/18/02

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 **P** ☐ Delete
 NAME **PARHAM, BARBARA A**
 STREET ADDRESS **7428 SPRING VILLA CIR**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **ST** ☐ Delete
 NAME **PARHAM, KEELAN A**
 STREET ADDRESS **7428 SPRING VILLA CIR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7430 PARK SPRINGS CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☒ Change ☐ Addition
 NAME **KEELAN M PARHAM**
 STREET ADDRESS **7430 PARK SPRINGS CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Barbara Parham, President

BARBARA PARHAM, PRES.

1-18-02

407-298-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)