

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091965

1. Entity Name

THE SAMUEL MCKEE CORPORATION

Principal Place of Business

Mailing Address

1080 NE CRESCENT ST  
JENSEN BEACH FL 34957  
US

1080 NE CRESCENT ST  
JENSEN BCH FL 34957  
US

2. Principal Place of Business

3. Mailing Address

2086 NE OCALI CT  
Suite, Apt. #, etc.

2086 NE OCALI CT  
Suite, Apt. #, etc.

City & State

City & State

Jensen Beach, FL

Jensen Beach, FL

Zip 34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

65-0615615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEE, SAMUEL W  
1080 N CRESCENT ST  
JENSEN BEACH FL 34957

Name Samuel W. McKee  
Street Address (P.O. Box Number is Not Acceptable)  
2086 NE OCALI CT  
City Jensen Beach FL Zip Code 34957

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

Samuel W. McKee

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MCKEE, SAMUEL W.  
STREET ADDRESS 2318 SE MANITOR TERR  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE P  
NAME Samuel W. McKee  
STREET ADDRESS 2086 NE OCALI CT  
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE  
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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:

Samuel W. McKee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90003 027 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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