

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90105 003 ***150.00

DOCUMENT # P96000002140

1. Entity Name
COVE SERVICES, INC.



Principal Place of Business
**2581 JUPITER PARK DR
E-11
JUPITER FL 33458**

Mailing Address
**2581 JUPITER PARK DR
E-11
JUPITER FL 33458**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

900 EAST INDIANTOWN RD

3. Mailing Address

900 EAST INDIANTOWN RD

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

#210

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

Zip

33477

Country

USA

4. FEI Number

65-0639369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEEFE, DENNIS
27 SADDLE BACK RD.
TEQUESTA FL 33469**

*SAME
AGENT
NEW ADDRESS*

7. Name and Address of New Registered Agent

Name **KEEFE, DENNIS**

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

87 RIVER DRIVE

City **TEQUESTA**

FL

Zip Code **33469**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DENNIS KEEFE, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEEFE, DENNIS 27 SADDLE BACK RD. TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DENNIS KEEFE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

561 758-3014

Daytime Phone #

CR2E034 (10/02)