

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90206 047 \*\*\*158.75

**DOCUMENT # P96000007305**

1. Entity Name

**KEEN CONCEPTS INC.**

Principal Place of Business

Mailing Address

1327 E. 7 AVE

1327 E. 7 AVE

~~SUITE-A~~

~~SUITE-A~~

TAMPA FL 33605

TAMPA FL 33605-3607

US

US

2. Principal Place of Business

**1327 E 7th Ave**

3. Mailing Address

**1327 E 7th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

Country

**FL 33605**

**US**

Zip

Country

**33605**

**US**

4. FEI Number

**59-3358507**

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

**KADYK, CHRISTOPHER C**  
**4510 LONGFELLOW AVENUE**  
**TAMPA FL 33629**

Name

**Michael A. Duchesneau**

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

**4015 BAYSHORE BLVD**

**#16E**

City

**TAMPA**

**FL**

Zip Code

**33611**

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

**Michael Duchesneau**

**4/28/00**

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, 2000 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** ☐ Delete  
NAME **KADYK, CHRISTOPHER C**  
STREET ADDRESS **4510 LONGFELLOW AVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VP, D** ☒ Change ☐ Addition  
NAME **Kadyk, Christopher C.**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P, D** ☐ Change ☒ Addition  
NAME **Duchesneau, Michael A**  
STREET ADDRESS **4015 Bayshore Blvd #16E**  
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Caldwell, Sean**  
STREET ADDRESS **12504 Golf Blvd**  
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

**Michael Duchesneau**

**4/28/00**

**(813) 805-2938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)