

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077797

1. Entity Name

KEENE MARINE, INC

Principal Place of Business Mailing Address
4491 ANGLERS AVE
DANIA FL 33312

2. Principal Place of Business
4491 ANGLERS AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DANIA, FL

City & State

Zip
33312

Country
BROWARD

Zip

Country

4. FEI Number
65-0698639

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

GASKILL, KATE G.
4491 ANGLERS AVE.
DANIA, FL 33312

Name

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

City

FL

Zip Code

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

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 \$160.00
After MAY 1, 2000 Fee will be \$660.00
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
NAME GASKILL, KATE G. ☒ Delete
STREET ADDRESS 3581 NW 5TH AVE.
CITY - ST - ZIP OAKLAND PARK, FL 33309

TITLE D
NAME GASKILL, BRIAN C. ☒ Delete
STREET ADDRESS 3581 NW 5TH AVE.
CITY - ST - ZIP OAKLAND PARK, FL 33309

TITLE D
NAME GRAVES, GYPSY C. ☒ Delete
STREET ADDRESS 3581 NW 5TH AVE.
CITY - ST - ZIP OAKLAND PARK, FL 33309

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 P ☒ Change ☐ Addition
NAME GASKILL, KATE G.
STREET ADDRESS 2275 SW 45TH ST.
CITY - ST - ZIP FT. LAUDERDALE, FL 33312

TITLE D ☒ Change ☐ Addition
NAME GASKILL, BRIAN C.
STREET ADDRESS 2275 SW 45TH ST.
CITY - ST - ZIP FT. LAUDERDALE, FL 33312

TITLE D ☒ Change ☐ Addition
NAME GRAVES, GYPSY C.
STREET ADDRESS 1115 N. RIO VISTA BLVD.
CITY - ST - ZIP FT. LAUDERDALE, FL 33301

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

TITLE ☐ Change ☐ Addition
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)(f), 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: Kate G. Gaskill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (954) 893-0004
Date Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90961 027 ***150.00

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DO NOT WRITE IN THIS SPACE