

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025602

1. Entity Name

KEON, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90221 014 ***150.00

Principal Place of Business

Mailing Address

1445 ARGYLE DRIVE
FT MYERS FL 33919

1445 ARGYLE DRIVE
FT MYERS FL 33919-1736

2. Principal Place of Business

3. Mailing Address

4575 Via Royale

4575 Via Royale

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

Ft. Myers, FL 33919

Ft. Myers, FL

Zip
33919

Country
LEE

Zip
33919

Country
LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0733041

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

DUKE, TIMOTHY E
1445 ARGYLE DRIVE
FT MYERS FL 33919

Name

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

4575 Via Royale, Suite 102

City Ft. Myers

FL

Zip Code 33919

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 \$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 DUKE, TIMOTHY E
STREET ADDRESS 1445 ARGYLE DR
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4575 Via Royale, Suite 102
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Danette Duke
STREET ADDRESS 4575 Via Royale, Suite 102
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

94'