## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000045814

1 Entity Name

MICHAEL KEITH, INC.

Principal Place of Business

Mailing Address

1452 OCEAN SHORE BLVD. RMOND BEACH FL 32176

1452 OCEAN SHORE BLVD. ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 90375 001 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

City & State .			City & State		4. F	El Number 59-3450217		<del></del>	oplied For	
Zip	Country		Zip	Country		5. (	Certificate of Status Desired		\$8.75 Add	
<del></del>	6 Name a	and Address of Current	Registered Agent		Γ		lame and Address of New Reg		<del></del>	<del></del>
6. Name and Address of Current Registered Agent						<u>'</u> '	The same state of the same sta	,		
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
8. The above	named entity	submits this statement fo	or the purpose of changing	its register	ed office or reg	istered ag	ent, or both, in the State of Flori	da.		
SIGNATURE .										
<u> </u>	Signature, typed or	printed name of registered agent	and title if applicable. (I	NOTE: Registere	d Agent signature re	quired when re	instating)	DATE		
9. This corpo	le to satisfy its Intangible	FILE NO	W!!! FEE	S \$150.00 10. Election Campaign Financing			nian	<b>05.0</b>	α	
Tax filing requirement and elects to do so Aft				ter MAY 1, 2001 Fee will be \$550.00			Trust Fund Contribution.	icing [	<b>υ.c</b> φ SebbA	May Be to Fees
(See criter		yable to De	epartment of	partment of State						
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	\$ IN 11
TITLE	DPST		☐ Delete	TITLE					Change	Addition
NAME	REEVES, M			. NAM						
STREET ADDRESS		N SHORE BLVD.			ET ADDRESS					
CITY-ST-ZIP	OHMOND B	EACH FL 32176		CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	ſ				☐ Change	☐ Addition
NAME	}			NAM	- I					
STREET ADDRESS   CITY-ST-ZIP	ļ				ET ADDRESS   -ST-ZIP					
	<del> </del>						<del> </del>		<u></u>	
TITLE NAME	}		☐ Delete	TITLE NAMI					Change	☐ Addition
STREET ADDRESS	•				ET ADDRESS					
CITY-ST-ZIP	1				-ST-ZIP					
TITLE	<del>}</del> -		Delete	TITLE	+-		<del></del>		☐ Change	Addition
NAME	•		L_I Delete	NAMI	1				ondinge	
STREET ADDRESS	[				ET ADDRESS					
CITY-ST-ZIP	]			CITY-	-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME	j			NAME	:				-	
STREET ADDRESS					et address					
CITY-\$T-ZIP	<u> </u>	<del></del>		CITY-	-ST-ZIP					
TITLE	ĺ		☐ Delete	TITLE	]			=	Dhange	Addition
NAME				NAME	,					
STREET ADDRESS	1			- 6	ET ADDRESS					
CITY-ST-ZIP	L				ST-ZIP					
13. I hereby o	certify that the in	nformation supplied with	this filing does not qualify	for the exer	nption stated in	Section 1	19.07(3)(i), Florida Statutes. I fu	rther certi	fy that the in	formation

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 truelee 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, withyall other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #