2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000057030**

Entity Name

F.J.K., III PROPERTIES, INC.

Principal Place of Business

Mailing Address

238 ROYAL PALM BEACH WAY

238 ROYAL PALM BEACH WAY

PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0786266 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITEL. FREDERICK III Street Address (P.O. Box Number is Not Acceptable) 230 ROYAL PALM WAY P.O. BOX 3243 PALM BEACH FL 33480 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete TITLE ☐ Change Addition KEITEL, FREDERICK J III NAME STREET ADDRESS 232 A ROYAL PALMWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expute 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 files appowered.

TITLE

NAME

TITLE

NAME STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

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NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OF PROFES NAME OF SIGNING OFFICER OF DIRECTOR

□ Delete

☐ Delete

☐ Delete

Frenerick J. KEREL

2/14/00

☐ Change

Change

☐ Change

FILED

Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90156 043 ***150.00

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☐ Addition

Addition

■ Addition

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