

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 048 ***150.00

DOCUMENT # P97000068131

1. Entity Name

Keating Sales, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9660 Beauclerc Terrace
Suite, Apt. #, etc.

3. Mailing Address
9660 Beauclerc Terrace
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32257 — Country
US —

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Jacksonville, FL
Zip
32257 — Country
US —

4. FEI Number
59-3463864
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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B0056752

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Keating, Thomas J.
Street Address (P.O. Box Number is Not Acceptable)
9660 Beauclerc Terrace
City
Jacksonville **FL** Zip Code
32257

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 agents 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. ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Keating, Thomas J.
9660 Beauclerc Terrace
Jacksonville, FL 32257

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Keating **Thomas J Keating** **3/21/02** **904/733-9376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034B (12/01)