

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90020 023 ***150.00

DOCUMENT # P97000079854

1. Entity Name

KEEL ENTERPRISES, INC.

Principal Place of Business

**1259 SEEDS AVENUE
 SARASOTA FL 34237**

Mailing Address

**PO BOX 2840
 SARASOTA FL 34230**

2. Principal Place of Business

304 S. Park BLVD

3. Mailing Address

304 S. Park BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice

City & State

Venice

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34285

Country

FL

Zip

34285

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAFFLA, MIROSLAV
 851 D MECCA DR
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name **BALOUN Ladislav**
 Street Address (P.O. Box Number is Not Acceptable)
304 S. Park BLVD
 City **Venice** **FL** Zip Code **34285**

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, 2002 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

TITLE **D** ☒ Delete
 NAME **KAFFKA, MIROSLAV**
 STREET ADDRESS **851 D MECCA DR**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **D** ☐ Delete
 NAME **BALOUN, LADISLAV**
 STREET ADDRESS **304 S PK BOULEVARD**
 CITY-ST-ZIP **VENICE-FL-34285**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 9416504312

CR2E034 (9/01)