

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90185 032 ***150.00

036 575 AV

DOCUMENT # P97000085436

1. Entity Name
KEALEN ENTERPRISES, INC.

Principal Place of Business
**1621 GLEN ROAD
 WEST PALM BEACH FL 33406**

Mailing Address
**PO BOX 20066
 WEST PALM BEACH FL 33416-0066**



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

65-0793979

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRATHER, J W
 1621 GLEN RD
 WEST PALM BEACH FL 33406**

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PTS
 PRATHER, JAMES W
 1621 GLEN RD.
 WEST PALM BEACH FL 33406** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

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 life empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
JAMES W. PRATHER

3/26/02

561-689-6986

Date

Daytime Phone #

CR2E034 (9/01)