

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90595 045 ***150.00

04/7/00

DOCUMENT # P97000107162

1. Entity Name
KIM KEENE, P.A.

Principal Place of Business
~~320~~ **320** TAMAMI TRAIL SOUTH, ~~FL~~
 NOKOMIS FL 34275

Mailing Address
~~320~~ **320** TAMAMI TRAIL SOUTH, ~~FL~~
 NOKOMIS FL 34275

2. Principal Place of Business
320 Tamiami Trail S.
 Suite, Apt. #, etc.

3. Mailing Address
320 Tamiami Trail S.
 Suite, Apt. #, etc.

City & State
Nokomis FL
 Zip **34275** Country **US**

City & State
Nokomis FL
 Zip **34275** Country **US**

4. FEI Number **65-0801368**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

C0021006



6. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR
341 VENICE AVE. WEST
VENICE FL 34285

7. Name and Address of New Registered Agent

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 Kim Keene, DC, PA Kim Keene, DC, PA 2/8/01
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	DPST			<input type="checkbox"/>
	KEENE, KIM			<input type="checkbox"/>
	320 TAMAMI TRAIL SOUTH, FL			<input type="checkbox"/>
	NOKOMIS FL 34275			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	320 Tamiami Trail South			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Kim Keene, DC, PA Kim Keene, DC, PA 2/8/01 (941) 484-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)