

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90941 020 ***150.00

DOCUMENT # P98000020860

1. Entity Name

KEEP IN TOUCH COMMUNICATIONS, INC.

Principal Place of Business

**1135 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

Mailing Address

**1135 N COURTENAY PKWY
MERRITT ISLAND FL 32953**

2. Principal Place of Business

465 N. Courtenay Pkwy.

3. Mailing Address

465 N. Courtenay Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, Fl.

City & State

Merritt Island, Fl.

Zip

32952

Country

USA

Zip

32952

Country

USA

4. FEI Number

59-3486355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOVETT, ANTONIO D
290 QUAIL DRIVE
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name
Antonio D. Lovett
Street Address (P.O. Box Number is Not Acceptable)
465 N. Courtenay Pkwy.
Merritt Island, FL 32952
City
Merritt Island **FL** Zip Code
32952

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

Antonio Lovett

Signature, typed or printed name of registered agent and title if applicable.

Antonio Lovett

(NOTE: Registered Agent signature required when reinstating)

2/4/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOVETT, ANTONIO D
290 QUAIL DRIVE
MERRITT ISLAND FL 32952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 like empowered.

SIGNATURE:

Antonio Lovett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

321-243-4296

Daytime Phone #

0122617 AV

CR2E034 (9/01)