

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90103 013 ***150.00

DOCUMENT # P98000023981

1. Entity Name
KEATING & JOHNSON, INC.



Principal Place of Business
17105 SAN CARLOS ROAD
B-9
FORT MYERS BEACH FL 33931

Mailing Address
17105 SAN CARLOS ROAD
B-9
FORT MYERS BEACH FL 33931



2. Principal Place of Business

3. Mailing Address

116640 Arbor Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL

4. FEI Number

65-0820083

Applied For

Not Applicable

Zip

Country

Zip

Country

33908

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

KEATING, DAVID
16280 ARBOR RIDGE DR.
FT. MYERS FL 33908

Name

Johnson, DANIEL J

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

116640 Arbor Ridge Dr.

City

FT. MYERS

FL

Zip Code

33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daniel J. Johnson - Director

Daniel J. Johnson

2-01-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KEATING, DAVID J**
STREET ADDRESS **16280 ARBOR RIDGE DR.**
CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, DANIEL J**
STREET ADDRESS **16300 ARBOR RIDGE DR.**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **D** ☒ Change ☐ Addition
NAME **JOHNSON, DANIEL J**
STREET ADDRESS **116640 Arbor Ridge Dr.**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **D** ☒ Delete
NAME **STENGL, RICHARD B**
STREET ADDRESS **6277 PARK ROAD**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel J. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-03

Date

(239) 437-1551

Daytime Phone #

CR2E034 (10/02)