

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90039 040 ***550.00

DOCUMENT # P98000035142

1. Entity Name

KEEZE.COM, INC.

Principal Place of Business

Mailing Address

28050 U.S. HIGHWAY 19 N. STE. 208
 CLEARWATER FL 33761

28050 U.S. HIGHWAY 19 N. STE. 208
 CLEARWATER FL 33761-2627

2. Principal Place of Business

2627 McCormick Dr.

3. Mailing Address

2627 McCormick Dr.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33759

Country

USA

Zip

33759

Country

USA

4. FEI Number

59-3504746

Applied For

Not Applicable

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

LOVE, LOUANNE S PA
 28050 US 19 N
 STE 205
 CLEARWATER FL 33761

Name

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

2700 Bayshore Blvd
 Unit 528

City

Dunedin

FL

Zip Code

34678

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS MONROE, CHAD M
 CITY-ST-ZIP 28050 U.S. HIGHWAY 19 N. STE. 208
 CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2627 McCormick Dr Ste 102
 CITY-ST-ZIP Clearwater, FL 33759

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 #

6/7/00 727-669-7412

CR2E034 (9/99)