

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070391

1. Entity Name

S.K. KEFFER, INC.

Principal Place of Business

Mailing Address

15600 S.W. 288TH ST. STE 310
HOMESTEAD FL 33033

15600 S.W. 288TH ST. STE 310
HOMESTEAD FL 33033-1200

2. Principal Place of Business

3. Mailing Address

16552 SW 297 Ter.

16552 SW 297 Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33033

Country

USA

Zip

33033

Country

USA

4. FEI Number

65-0858401

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

GUEST, JAMES M
15600 S.W. 288TH ST, STE 310
HOMESTEAD FL 33033

Name Guest, James M.

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

15600 SW 288 Street

Suite 201

City

Homestead,

FL

Zip Code

33033

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 PTD ☐ Delete
NAME KEFFER, SANDRA K
STREET ADDRESS 16552 S.W. 297TH TERR.
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE VS ☐ Delete
NAME HENSON, GLENDA
STREET ADDRESS 15600 S.W. 288TH ST, STE 310
CITY-ST-ZIP HOMESTEAD FL 33033

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sandra K. Keffer

4/20/2000

305/248-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90064 029 ***150.00

001559



DO NOT WRITE IN THIS SPACE