

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 043 ***158.75

DOCUMENT # P980000079860

1. Entity Name

D.S. KECK & Co. Inc

DO NOT WRITE IN THIS SPACE

043208

2. Principal Place of Business

440 S. FEDERAL Hwy

3. Mailing Address

P.O. Box 50632

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

City & State

DEERFIELD Bch FL

City & State

Lighthouse Pt FL

Zip

33441

Country

USA

Zip

33074

Country

USA

4. FEI Number

65-0864397

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DIANNE K. HART

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

4211 NE 25th AVE

Lighthouse Pt

City

FL

Zip Code

33064

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

Dianne K. Hart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES / SEC
DIANNE K. HART
4211 NE 25th AVE
Lighthouse Pt. FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. PRESIDENT
MATTHEW HART
4211 NE 25th AVE
Lighthouse Pt. FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dianne K. Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANNE K. HART

Date

4/17/02

Daytime Phone #

954 420-0707

CR2E034B (12/01)