

FILED  
Jun 02, 2003 8:00 am  
Secretary of State

06-02-2003 90201 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000079860

1. Entity Name  
D.S. KECK & CO., INC.



Principal Place of Business  
440 S. FEDERAL HWY  
#112  
DEERFIELD BEACH FL 33441

Mailing Address  
P O BOX 50632  
LIGHTHOUSE PT FL 33074



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
4701 N. FEDERAL HWY  
Suite, Apt. #, etc.  
C-14 # 319

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Lighthouse Pt FL  
Zip  
33064

City & State

Zip

Country

4. FEI Number 65-0864397

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

HART, DIANNE K  
4211 NE 25TH AVE  
LIGHTHOUSE POINT FL 33084

Name

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

City

FL

Zip Code

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

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	PS	<input type="checkbox"/> Delete
NAME	HART, DIANNE K	
STREET ADDRESS	4211 NE 25TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33084	
TITLE	V	<input type="checkbox"/> Delete
NAME	HART, MATTHEW	
STREET ADDRESS	4211 NE 25TH AVE	
CITY-ST-ZIP	LIGHTHOUSE FL 33084	
TITLE		<input type="checkbox"/> Delete
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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:

*DIANNE K HART*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

954-943-0424

Daytime Phone

CR2E034 (10/02)