2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POROCO7999

1. Entity Name KELLER STAIF	RS INC				
Principal Place of Bus	siness	Mailing Address			
2200 U.S. HWY 301 E UNIT #4 PALMETTO FL 34221		2200 U.S. HWY 301 E UNIT #4 PALMETTO FL 34221			
2. Principal Place of Business		3. Mailing Address			
Z. Frincipal Flace Of		[
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
		Suite, Apt. #, etc. City & State			

DO NOT WRITE IN THIS SPACE

DATE

City & State		City & State		4. FEI Number 65-0862733	Applied For Not Applicable
Zip	Country	Zip	Country	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		
KELLER, DAVID 2200 U.S. HWY 301 E UNIT #4 PALMETTO FL 34221		Name Street Address (P.O. Box Number is Not Acceptable)			
			City	F	Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

SIGNATURE

(See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, DAVID 2200 US HWY 301 E, UNIT #4 PALMETTO FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 emplowered.

SIGNATURE:

DEFICIER OR DIRECTOR