

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90253 027 ***150.00

DOCUMENT # P98000095739

1. Entity Name

M. KEIL HACKLEY, P.A.

Principal Place of Business

**600 N. PINE ISLAND RD.
 SUITE 450
 PANTATION FL 33324**

Mailing Address

**600 N. PINE ISLAND RD.
 SUITE 450
 PANTATION FL 33324**

2. Principal Place of Business

2200 N. COMMERCE PKWY.

3. Mailing Address

2200 N. COMMERCE PKWY.

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

WESTON, FL.

City & State

WESTON, FL.

Zip

33326

Country

US.

Zip

33326

Country

US

4. FEI Number

65-0874256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

M. KEIL HACKLEY

**600 N. PINE ISLAND RD.
 SUITE 450
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **M. KEIL HACKLEY**

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

2200 N. COMMERCE PKWY, SUITE 206

City **WESTON**

FL

Zip Code **33326**

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

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

(NOTE: Registered Agent signature required when reinstating)

M. KEIL HACKLEY 4/22/02
 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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **M. KEIL HACKLEY**
 CITY-ST-ZIP **600 N. PINE ISLAND RD., SUITE 450
 PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2200 N. COMMERCE PKWY SUITE 206**
 CITY-ST-ZIP **WESTON, FL 33326**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. KEIL HACKLEY

Date

4/22/02

Daytime Phone #

954-349-4994

CR2E034 (9/01)