

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90167 027 ***550.00

DOCUMENT # P98000103917

1. Entity Name
FERKEE, INC.

Principal Place of Business

8701-23, US HWY. #1
 PORT ST LUCIE FL 33492

Mailing Address

P.O. BOX 1809
 HOBE SOUND FL 33475

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0882394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEELER, JOHN
356 GULFVIEW RD. #503
W. PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name **KEELER, JOHN**
 Street Address (P.O. Box Number is Not Acceptable)
356 Gulfview Rd #503
 City **NORTH PALM BEACH** **FL** Zip Code **33408**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	KEELER, JOHN	
STREET ADDRESS	356 GULFVIEW RD. #503	
CITY-ST-ZIP	W. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, JOHN	
STREET ADDRESS	356 GULFVIEW RD #503	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02 **561-799-5603**
Date Daytime Phone #

CR2E034 (4/02)

Attachment
972373
P98000103917

FERKEE, INC.
8701 U S Highway One
Port St Lucie, FI 34952

Mailing Address: PO Box 32157
Palm Beach Gardens
Florida 33420

MEMORANDUM

TO: Florida Dept of State

FROM: Jack Keeler
Managing Partner

RE: Uniform Business Report

Attached is my completed 2002 Uniform Business Report for the year 2002.
Once again I am informing you that I did not receive my application in a timely
fashion from your office and again I am being penalized. We went through this 2
years ago. I guarantee you that your office did not sent an application to me prior
to my receipt of this from.

Next year, regardless of when I receive my application, I will return my
application with a remittance of the minimum amount.

Kindly contact me at your convenience.
Office: 561-799-5603
Mobile: 561-707-4872