

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045680

1. Entity Name

KEENE LAKE MANUFACTURING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90014 044 ***150.00

Principal Place of Business

Mailing Address

2034 VALENCIA WAY
CLEARWATER FL 33764

2034 VALENCIA WAY
CLEARWATER FL 33764-6671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578185

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

CICHON, MICHAEL B
12355 62ND STREET, UNIT B
LARGO FL 33773

Name

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

4400-34TH ST NORTH
SUITE L

City

ST. PETERSBURG

FL

Zip Code

33714

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

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

MICHAEL B. CICHON

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CICHON, MICHAEL B	
STREET ADDRESS	12355 62ND STREET, UNIT B	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4400-34TH ST NORTH, SUITE L	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. CICHON

Date

4/7/2000

Daytime Phone #

727-528-8897

CR2E034 (9/99)