

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 040 ***150.00

DOCUMENT # **P99000045680**

1. Entity Name

KEENE LAKE MANUFACTURING, INC

DO NOT WRITE IN THIS SPACE

B0051461

2. Principal Place of Business

4400 34TH ST NORTH

3. Mailing Address

2034 VALENCIA WAY

Suite, Apt. #, etc.

SUITE L

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

CLEARWATER FL

4. FEI Number

59-3578185

Applied For

Not Applicable

Zip

33714

Country

Zip

33764

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL B. CICHON

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

4400 34TH ST NORTH

STE L

City

SAINT PETERSBURG

FL

Zip Code

33714

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY, ST, ZIP

**D.P.
MICHAEL B. CICHON
4400 34TH ST NORTH STE L
SAINT PETERSBURG, FL 33714**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

MICHAEL B. CICHON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. CICHON

DATE

727-528-8897
Telephone Number

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**