

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90034 019 ***150.00

DOCUMENT # S11722

1. Entity Name
KEEHNLE ENTERPRISES, INC.

Principal Place of Business

9991 BAY PINES BLVD.
ST. PETERSBURG FL 33708

Mailing Address

9991 BAY PINES BLVD.
ST. PETERSBURG FL 33708

2. Principal Place of Business

4797 94th St No

Suite, Apt. #, etc.

3. Mailing Address

4797 94th St No

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG R.

4. FEI Number

59-3043454

Applied For

Not Applicable

Zip

33708

Country

Pinellas

Zip

33708

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEEHNLE, WALTER E.

9991 BAY PINES BLVD

ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name

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

4797 94th St No

City

ST. PETERSBURG

FL

Zip Code

33708

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

Walter E. Keehnle

3-1-02

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

(NOTE: Registered Agent signature required when reinstating)

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 **DP** ☐ Delete
NAME **KEEHNLE, WALTER E.**
STREET ADDRESS **10202 130TH ST N.**
CITY-ST-ZIP **LARGO FL**

TITLE **SDT** ☐ Delete
NAME **KEEHNLE, CAROL B.**
STREET ADDRESS **10202 130TH ST N.**
CITY-ST-ZIP **LARGO FL**

TITLE **VP** ☐ Delete
NAME **KEEHNLE, WALTER K.**
STREET ADDRESS **10202 130TH ST N.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Walter E. Keehnle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-02 727-391-4757

CR2E034 (9/01)