

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90051 035 ***150.00

DOCUMENT # S11722

1. Entity Name
KEEHNLE ENTERPRISES, INC.



Principal Place of Business
**4797 94TH ST NO
ST. PETERSBURG FL 33708**

Mailing Address
**4797 94TH ST NO
ST. PETERSBURG FL 33708**

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 **59-3043454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEEHNLE, WALTER K
4797 94TH ST NO
ST. PETERSBURG FL 33708**

Name **KEEHNLE, WALTER K**

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

4797 94 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. Keith Keehnle W. Keith Keehnle Pres. 2-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE **PRES** ☒ Change ☐ Addition
NAME **KEEHNLE WALTER K**
STREET ADDRESS **4797 94ST. NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Keith Keehnle W. Keith Keehnle 2-3-03 727-391-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)