

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S70253**

1. Entity Name

KEILYN, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90053 004 ***150.00

0335306

Principal Place of Business	Mailing Address
3007 SUNSET LN LUTZ FL 33549 US	18415 CITATION ST LUTZ FL 33549 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	62-1472332	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****POWELL, KEITH A.**
18415 CITATION ST
LUTZ FL 33549

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ 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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, KEITH A.	NAME	
STREET ADDRESS	18415 CITATION ST	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, LYNDIA L.	NAME	
STREET ADDRESS	18415 CITATION ST	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **KEITH A. POWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/25/01 813 948-8544
Date Daytime Phone #

CR2E034 (10/00)