

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90086 021 ***150.00

DOCUMENT # M65188

1. Entity Name
KECK GROVES, INCORPORATED

Principal Place of Business
 210 LAKE HOLLINGSWORTH DR
 APT 1403
 LAKELAND FL 33803

Mailing Address
 210 LAKE HOLLINGSWORTH DR
 APT 1403
 LAKELAND FL 33803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2302 FAIRMOUNT AVE.
 Suite, Apt. #, etc.

3. Mailing Address
2302 FAIRMOUNT AVE.
 Suite, Apt. #, etc.

City & State
LAKELAND, FL

City & State
LAKELAND, FL

Zip
33803 Country
U.S.

Zip
33803 Country
U.S.

4. FEI Number **59-2870283** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KECK, KENNETH
 210 LAKE HOLLINGSWORTH DR
 APT 1403
 LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name **KENNETH KECK**

Street Address (P.O. Box Number is Not Acceptable)
2302 FAIRMOUNT AVE.

City **LAKELAND** FL Zip Code **33803**

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 *Kenneth Keck* **KENNETH KECK** **SECY-TREAS** **03 JAN '01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VD KECK, JAMES M PO BOX 1401 DELAND FL 32721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KECK, KENNETH O 210 LAKE HOLLINGSWORTH DR APT 1403 LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KECK, JANET L 413 NE LAKEVIEW DR SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2302 FAIRMOUNT AVE. LAKELAND, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth Keck* **KENNETH KECK** **03 JAN '01** **863.682.1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)