

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90095 033 ***150.00

DOCUMENT # P93000073734

1. Entity Name
MACKEY/KRUMM VENTURES, INCORPORATED

Principal Place of Business 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409	Mailing Address MACKEY, WALTER 1601 FORUM PLACE, SUITE 805 WEST PALM BEACH FL 33409-3409 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0477953	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACKEY, WALTER J JR 772 LAGOON DR NORTH PALM BEACH FL 33408	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State
	Street Address (P.O. Box Number is Not Acceptable) 2247 PALM BEACH LAKES BLVD., SUITE 204 City WEST PALM BEACH
	State FL
	Zip Code 33409

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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, WALTER J JR	NAME	
STREET ADDRESS	772 LAGOON DR	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMM, WALTER T	NAME	KRUMM, WALTER T., AS TRUSTEE OF WALTER T.
STREET ADDRESS	4951 GULFSHORE BLVD NORTH, #PH-301	STREET ADDRESS	KRUMM TRUST DATED JANUARY 1, 1988
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, EDWARD S.	NAME	
STREET ADDRESS	6080 TERRA ROSA CIR.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	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	

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: **MACKEY, JR., PRESIDENT** 4/26/00 561-684-8811
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/99)