

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90166 022 \*\*\*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  
 US**

**C0060379**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2247 PALM BEACH LAKES BLVD.**

City & State  
**WEST PALM BEACH FL**

4. FEI Number  
**65-0477953**

Applied For  
 Not Applicable

City & State  
**WEST PALM BEACH FL**

Zip  
**33409**

Country  
**US**

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

6. Name and Address of Current Registered Agent  
**MACKEY, WALTER J JR.  
 772 LAGOON DR  
 NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name  
**MACKEY, WALTER J JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**2247 PALM BEACH LAKES BLVD  
 SUITE 204**

City  
**WEST PALM BEACH** **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  **WALTER J. MACKEY, JR., PRESIDENT** **4/24/01**

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.

**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	<input type="checkbox"/> Delete <b>PD                      MACKEY, WALTER J JR.                      772 LAGOON DR                      NORTH PALM BEACH FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>DC                      KRUMM, WALTER T, TRUSTEE OF WALTER T                      4951 GULF SHORE BLVD NORTH, #PH-301                      NAPLES FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>ST                      WILLIAMS, EDWARD S                      6080 TERRA ROSA CIR                      BOYNTON BEACH FL 33437</b>
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 1:	
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 <b>KRUMM TRUST DATED JANUARY 1, 1988</b>
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:  **WALTER J. MACKEY, JR., PRESIDENT** **4/24/01** **561/684-8811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)