2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700000145

1. Entity Name
KEYSTONE AMERICA, INC.



FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90167 010 ***150.00

Principal Place of Busine: 100 N. TAMPA, SUITE 310 TAMPA FL 33602	Mailing Address 100 N. TAMPA. SUITE 3100 TAMPA FL 33602					##FEE ##FEE ##E	hi (f a ll a l				
2. Principal Place of Business		3. Mailing Address				E LOUBSTON LIED FARET IGNES ANTES OREST NOTES					
400 N. Ashley Drive		400 N. Ashley Drive						;			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Suite 1900		Suite 1900				CHEON TIERE IF MAKING CHANGES					
City & State		City & State			4. F	4. FEI Number 59-3416941			olied For]	
Tampa, FL		Tampa, FL				33 04 1034 1		Not	Applicable]	
Zip •	Country	Zip	Coun		5.0	5. Certificate of Status Desired		\$8.75 Additional			
33602	USA	33602	USA] 3 . C	Lettilicate of Status Desired	Fee R	equired	.d .		
6. Nam	e and Address of Current Rec	Registered Agent			7. Name and Address of New Registered Agent						
				Name							
von Horn, Brent n					(0.0.0		,	•		-	
100 N. TAMPA, SUITE 3100				Street Address (P.O. Box Number is Not Acceptable)						1	
TAMPA FL 33602										1:	
TAMFA FL 33002											
				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. I am familiar with, and accept											
the obligations of registered agent.											
SIGNATURÈ											
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						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to					io rees	ľ	
10. OFFICERS AND DIRECTORS			11.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE PD		☐ Delete	TITLE			,	X C		☐ Addition	18	
NAME HORN, R	OBERT G	L Delete	NAME							(10/02)	
	AMPA, SUITE 3100			ET ADDRESS	400 1	N. Ashley Dr., #19	10		•	4	
	T41104 EL 00000		CITY			npa, FL 33602				CR2E034	
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	STEVEN A	☐ Detete	NAME	i i			P 0	ange	LJ Addition	10	
	AMPA, SUITE 3100			ET ADDRESS	400 1	N. Ashley Dr., #19	00				
CITY-ST-ZIP TAMPA F			- 6	ST-ZIP		a, FL 33602	•		•	}	
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12. I hereby certify that the information supplied with this filling 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 of 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 of trustee empowered to Accurate 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.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

VAS

PRICE, JAMES D

TAMPA FL 33602

TAMPA FL 33602

VAN HORN, BRENT

TAMPA FL 33602

100 N TAMPA STE 3100

SHAFFER, STEPHEN

100 N TAMPA ST 3100

100 N TAMPA STE 3100

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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400 N. Ashley Dr., #1900

400 N. Ashley Dr., #1900

400 N. Ashley Dr., #1900

33602

33602

33602

Tampa, FL

Tampa, FL

Tampa, FL

VON HORN, BRENT

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