2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90227 043 ***150.00

DOCUMENT # K23109

1. Entity Name
KEYS ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1578	P.O. BOX 1578
KEY LARGE FL 33037	KEY LARGE FL 33037

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 65-0045773 — 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
OVERFIELD, RICHARD	Name
~~116 PLANTATION SHORES DRIVE~~	Street Address (P.O. Box Number is Not Acceptable) 137 San Marco Dr
~~TAVERNIER FL 33070~~	City Islamorada FL Zip Code 33036

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.

SIGNATURE [signature] DATE 1/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DSV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	OVERFIELD, DEBRA A.	NAME	
STREET ADDRESS	~~116 PLANTATION SHORES DR~~	STREET ADDRESS	137 San Marco Dr
CITY-ST-ZIP	~~TAVERNIER FL~~	CITY-ST-ZIP	Islamorada FL 33036
TITLE	DPT ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	OVERFIELD, RICHARD L.	NAME	
STREET ADDRESS	~~116 PLANTATION SHORES DR~~	STREET ADDRESS	137 San Marco Dr
CITY-ST-ZIP	~~TAVERNIER FL~~	CITY-ST-ZIP	Islamorada FL 33036
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/18/03 305 451 3464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #