

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90094 008 \*\*\*150.00

DOCUMENT # **M67909**

1. Entity Name  
**KEYSTONE INVESTMENT PROPERTIES, INC.**



Principal Place of Business

~~901 DOUGLAS AVE.~~

~~STE. 101~~

**ALTAMONTE SPRINGS FL 32714**

US

Mailing Address

~~901 DOUGLAS AVE.~~

~~STE. 101~~

**ALTAMONTE SPRINGS FL 32714**

US



2. Principal Place of Business

**1010 Orange Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**1010 Orange Ave.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

4. FEI Number

**59-2876015**

Applied For

Not Applicable

Zip

**32789**

Country

**USA**

Zip

**32789**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARON, WILLIAM S.**

~~901 DOUGLAS AVE.~~

~~STE. 101~~

**ALTAMONTE SPRINGS FL 32714**

**1010 Orange Ave.**

**Winter Park, FL**

**32789**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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**

**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	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>MARON, LOLA A.</b>	
STREET ADDRESS	<del>901 DOUGLAS AVE., STE. 101</del>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>DPST</b>	<input type="checkbox"/> Delete
NAME	<b>MARON, WILLIAM S.</b>	
STREET ADDRESS	<del>901 DOUGLAS AVE., STE. 101</del>	
CITY-ST-ZIP	<b>ALTAMONTE SPGS. FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1010 Orange Ave.</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1010 Orange Ave.</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 29, 2003**

Date

**407-774-7483**

Daytime Phone #

CR2E034 (10/02)