2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jul 10, 2001 8:00 am DOCUMENT # P0000047212 **Secretary of State** 1. Entity Name 07-10-2001 90120 010 ***558.75 KEYSWAY INVESTMENTS, INC. Principal Place of Business Mailing Address 6741 ORANGE DRIVE 6741 ORANGE DRIVE DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 91865 OV 3. Mailing Address PUBOX 452 DO NOT WRITE IN THIS SPACE City & State 4. FEJ Number /020035 Applied For TAVERNIER Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MERINO, MICHAEL H Street Address (P.O. Box Number is Not Acceptable) **6741 ORANGE DRIVE** DAVIE FL 33314 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition BALL, JAMES C 91865 oversens Haux NAME NAME STREET ADDRESS **6741 ORANGE DRIVE** STREET ADDRESS AVERNIER. ICL CITY-ST-7iP CITY-ST-7IP **DAVIE FL 33314** D۷ ☐ Addition TITLE Delete TITLE Change BALL, SANDRA R NAME NAME **6741 ORANGE DRIVE** 91865 OVERSEAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 TAVERNIER PL 33070 Change TITLE ... Delete -يسب ۲۱۲۱ ۴۰۳۰۰ Addition-BALL, JAMES A NAME NAME BALL, JAMES A 6741 ORANGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIP ☐ Change TITLE TITLE X Delete ☐ Addition GRAMS, DAVID MICHAEL NAME NAME STREET ADDRESS **6741 ORANGE DRIVE** STREET ADDRESS CITY-ST-ZIF DAVIE FL 33314 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in Block 12

FAND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR