

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056965

1. Entity Name  
**KEYS KARDS, INC.**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90114 030 \*\*\*150.00

Principal Place of Business      Mailing Address  
19 ARICA DRIVE      POST OFFICE BOX 1411  
KEY LARGO FL 33037      KEY LARGO FL 33037-1411

*273 Loeb Ave*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

*P.O. Box 1411*

City & State      City & State      4. FEI Number      Applied For  
*Key Largo FL*      *Key Largo FL*      **65-0846356**      Not Applicable

Zip      Country      Zip      Country  
*33037*      *FLORIDA*      *33037*      *FLORIDA*

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

6. Name and Address of Current Registered Agent  
**DAVIS, JON M**  
~~19 ARICA DRIVE~~      *273 Loeb Ave*  
KEY LARGO FL 33037

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.

SIGNATURE *Jon M Davis*      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JON M</b>	
STREET ADDRESS	<del>19 ARICA DRIVE</del> <i>273 Loeb Ave</i>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NIXON, ROBERT</b>	
STREET ADDRESS	<b>13-1187 KAHUKAI STREET</b>	
CITY-ST-ZIP	<b>PAHOA HA 96778</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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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		

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: *Jon M Davis*      **JON M. DAVIS**      *5-1-2000*      Date      Daytime Phone #

CR2E034 (9/99)