

**2000 UNIFORM BUSINESS REPORT (UBR)**

55/1/1

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90043 042 \*\*\*150.00

**DOCUMENT # P99000002715**

1. Entity Name  
**KEYPORT EXTERIORS, INC.**

Principal Place of Business  
 1387 SE PETUNIA AVE  
 PORT ST LUCIE FL 34952

Mailing Address  
 1387 SE PETUNIA AVE  
 PORT ST LUCIE FL 34952-5324

2. Principal Place of Business  
**Port St Lucie**

3. Mailing Address  
**1387 SE Petunia Av**



DO NOT WRITE IN THIS SPACE

City & State  
**Port St Lucie FL**

City & State  
**Port St Lucie FL**

4. FEI Number  
**105-0881120**

Applied For  
 Not Applicable

Zip  
**34952**

Zip  
**34952**

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

6. Name and Address of Current Registered Agent  
**MILLS, JOHN**  
**1387 SE PETUNIA AVE**  
**PORT ST LUCIE FL 34952**

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 *John Mills* DATE 5-5-00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>John Mills</b>	
STREET ADDRESS <b>1387 SE Petunia Ave</b>	
CITY-ST-ZIP <b>Port St Lucie FL 34952</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>John Mills</b>	
STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>John Mills</b>	
STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP	
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>John Mills</b>	
STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: *John Mills* DATE 5-5-00

CR2E034 (9/99)