

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # S14212**1. Entity Name
KEY SOLUTIONS, INC.

Principal Place of Business 11731-S PHILLIPS HWY JACKSONVILLE FL 32256 US	Mailing Address 11731-S PHILLIPS HWY JACKSONVILLE FL 32256 US
---	---

2. Principal Place of Business 11731-S PHILLIPS HWY	3. Mailing Address 11731-S PHILLIPS HWY
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
---------------------------------	---------------------------------

Zip 32256	Country US	Zip 32256	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-3041706	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KEYSER GENE E**
11731-8 PHILLIPS HWY

JACKSONVILLE FL 32256**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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VFD	☐ Delete
NAME	KEYSER, DEBRA T.	
STREET ADDRESS	3311 SCRUB OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	PD	☐ Delete
NAME	KEYSER, GENE E.	
STREET ADDRESS	3311 SCRUB OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: Gene E. KeyserDr. **04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)