

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90007 018 ***150.00

DOCUMENT # P99000002709

1. Entity Name
KEYSTAR, INC.

Principal Place of Business

600 FRONT ST, SUITE 201
 KEY WEST FL 33040

Mailing Address

600 FRONT ST, SUITE 201
 KEY WEST FL 33040-6687

8000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

506 FLEMING STREET
 Suite, Apt. #, etc.

3. Mailing Address

506 FLEMING STREET
 Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-0866227

Applied For

Not Applicable

Zip

33040

Country
USA

Zip

33040

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTTSWOOD, ROBERT A
~~600 FRONT ST, SUITE 201~~
KEY WEST FL 33040

506 FLEMING STREET

Name

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

506 FLEMING ST

City

KEY WEST

FL

Zip Code

33040

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SPOTTSWOOD, ROBOT A	600 FRONT ST, SUITE 201	KEY WEST FL 33040	<input type="checkbox"/>
D	SPOTTSWOOD, WILLIAM B	600 FRONT ST, SUITE 201	KEY WEST FL 33040	<input type="checkbox"/>
D	SPOTTSWOOD, JOHN M JR	600 FRONT ST, SUITE 201	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		506 FLEMING STREET	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		506 FLEMING STREET	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		506 FLEMING STREET	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

4-7-00 (305) 294-6100

Daytime Phone #