2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # 135670 1. Entity Name KEY SCALES FORD, INC. 03-22-2000 90215 001 ***300.00 Principal Place of Business Mailing Address 1719 CITRUS BLVD 1719 NORTH CITRUS BLVD LEESBURG FL 34748 **LEESBURG FLA 34748-3423** 11300 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-0464918 Not Applicable Zip Country Zip Country **\$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 Name LUKICH, D D Street Address (P.O. Box Number is Not Acceptable) 1412 MOSSWood DR -04337 EMMAUS ROAD LEESBURG, FL 34748 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE SCALES, KEY III NAME NAME STREET ADDRESS STREET ADDRESS RT 6 BOX 385 CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 00000 ☐ Delete Change ☐ Addition TITLE TITLE SCALES, EARL L NAME NAME STREET ADDRESS STREET ADDRESS 50 SUMMERFIELD RD CITY-ST-ZIP CITY-ST-ZIP WEIRSDALE, FL 00000 TITLE SD --□-Delete ---TITLE LUKICH, D D NAME NAME 1412 Mosswood DR. LEECHURG FC 34748 STREET ADDRESS 04337 EMMAUS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCALES, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 100 SUMMERFIELD RD CITY-ST-7IP CITY-ST-ZIP WEIRSDALE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 the receiver of the corporation or the receiver or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corpor