

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90161 037 ***150.00

DOCUMENT # 135670

1. Entity Name

KEY SCALES FORD, INC.

Principal Place of Business

**1719 CITRUS BLVD
 LEESBURG FL 34748
 US**

Mailing Address

**1719 CITRUS BLVD
 LEESBURG FL 34748
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0464918**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LUKICH, D D
 1412 MOSSWOOD DR
 LEESBURG FL 34748**

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

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, 2001 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 **PD** ☐ Delete
 NAME **SCALES, KEY III**
 STREET ADDRESS **RT 6 BOX 385**
 CITY-ST-ZIP **LEESBURG, FL 00000**

TITLE **VD** ☐ Delete
 NAME **SCALES, EARL L**
 STREET ADDRESS **50 SUMMERFIELD RD**
 CITY-ST-ZIP **WEIRSDALE, FL 00000**

TITLE **SD** ☐ Delete
 NAME **LUKICH, D D**
 STREET ADDRESS **1412 MOSSWOOD DR**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** ☐ Delete
 NAME **SCALES, GEORGE**
 STREET ADDRESS **100 SUMMERFIELD RD**
 CITY-ST-ZIP **WEIRSDALE FL**

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
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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)(j), 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 registered agent 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.D. LUKICH

Date

Daytime Phone #

3/26/01 352-787-3511

CR2E034 (10/00)