

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90038 046 ***150.00

DOCUMENT # **264615**

1. Entity Name

KEY LABORATORIES, INC



DO NOT WRITE IN THIS SPACE

94013405

2. Principal Place of Business
1900 13TH AVENUE NORTH

Suite, Apt. #, etc.

3. Mailing Address
1900 13TH AVENUE NORTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FLORIDA

City & State
ST. PETERSBURG, FLORIDA

4. FEI Number
59-0996758

Applied For
Not Applicable

Zip
33713

Country
USA

Zip
33713

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN P. DUNNE, P.A.

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

10833 70TH AVENUE

City SEMINOLE

FL Zip Code
33772

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN P. DUNNE

01/29/04

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RON REYES
7342 WINDSOR LANE
CLEARWATER FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T/S
ABDULIO MERCADO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

RON REYES

01/29/04

727-896-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)