FILED
Aug 25, 2003 8:00 am
Secretary of State
08-25-2003 90099 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #264615

1. Entity Name
KEY LABORATORIES, INC.

Principal Place of Business
1900 13 AVE N
ST PETERSBURG, FL 33713 US

Mailing Address
1900 13 AVE N
ST PETERSBURG, FL 33713 US

[redacted]

2. Principal Place of Business
Suite, Apt. # etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0996758 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MERCADO, ROBERT
1900 13TH AVENUE N
ST PETERSBURG, FL 33713

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

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE ON OR BEFORE MAY 1, 2003 FEE IS $150.00. AFTER MAY 1, 2003 FEE WILL BE $550.00. Amended UBR fee 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	PT	☐ Delete
NAME	MERCADO, ROBERT	
STREET ADDRESS	1900 13 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	VPS	☐ Delete
NAME	RIVERA, MARILYN	
STREET ADDRESS	2419 16 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Rivera V.P. Aug. 21, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #
264615
80140856

POLYPAVE FACTORY DIRECT SINCE 1962

Main Office-Factory
1900 13th Avenue North
St. Petersburg, Florida 33713
727-896-6696 800-940-7788
FAX 727-896-6599

Key Laboratories, Inc.
www.keylaboratories.com E-mail: info@keylaboratories.com
"Quality You Can Stand On!"

Factory Outlet
37170 US Hwy. 19 North
Palm Harbor, Florida 34684
727-934-4557
727-942-2684 FAX

Aug. 21, 2003

To Whom it may Concern;

Requesting "Waiver of late fee"

Due to "non-receipt of Documents".

Thank you

Marilyn Rivera VP.