

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90205 045 ***150.00

DOCUMENT # 502188

1. Entity Name

KEY INSURANCE CORPORATION OF FLORIDA



Principal Place of Business

**115 S DALE MABRY HWY
TAMPA FL 33609**

Mailing Address

**115 S DALE MABRY HWY
TAMPA FL 33609**

2. Principal Place of Business

1517 1/2 S. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Address

1517 1/2 S. Dale Mabry Hwy
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1667388

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, STEVE

**115 SOUTH DALE MABRY HIGHWAY
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Steve Taylor

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

1517 1/2 S. Dale Mabry Hwy.

City

Tampa,

FL

Zip Code

33629

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 NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **PVTS**
STREET ADDRESS **TAYLOR, STEVE**
CITY-ST-ZIP **115 S DALE MABRY HWY
TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

Daytime Phone #

CR2E034 (10/02)