

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90054 008 \*\*\*150.00

**DOCUMENT # F00000006611**

1. Entity Name  
**KEYSTONE BUSINESS SOLUTIONS INC.**

Principal Place of Business                      Mailing Address  
**P.O. BOX 690133                                      P.O. BOX 690133**  
**VERO BEACH FL 32969                              VERO BEACH FL 32969**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address  
**7000 20th ST LOT 865                              7000 20th ST LOT 865**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State  
**VERO BEACH FL.    VERO BEACH FL**  
 Zip    Zip    Country    Country  
**32966    USA    32966    USA**

4. FEI Number    Applied For  
**16-1547674    Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BARTL, SUSAN L**  
**#78 7300 20TH ST.**  
**VERO BEACH FL 32966**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**LOT 865 7000 20th ST.**  
 City    State    Zip Code  
**VERO BEACH    FL    32966**

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

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, 2002 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	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>BARTL, SUSAN L</b>	
STREET ADDRESS	<b>7300 20TH STREET #865</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7000 20th ST LOT 865</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan L Bartl  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02                      372                      367 321-0150  
 Date    Daytime Phone #

CRCE034 (9/01)