

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-15-2001 90191 044 ***150.00

DOCUMENT # F93000004488

1. Entity Name

KEYDEX INTERNATIONAL, INC.

Principal Place of Business

P.O. BOX 1887
OLDSMAR FL 34677-0034

Mailing Address

P.O. BOX 1887
OLDSMAR FL 34677-0034

2. Principal Place of Business

15350 AMBERLY DR.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

3624

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

← SAME

Zip

33647

Country

USA

Zip

← SAME

Country

← SAME

4. FEI Number

22-2507706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSOFSKY, BARBARA J
1284 COVERSTONE COURT
OLDSMAR FL 34877-5127

7. Name and Address of New Registered Agent

Name: HOWARD OSOFSKY

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

15350 AMBERLY DR

APT 3624

City: TAMPA

FL

Zip Code: 33647

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

Howard Ososky Pres.

3/26/01

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

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD OSOFSKY, HOWARD A 1284 COVERSTONE COURT OLDSMAR FL 27	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSOFSKY, BARBARA J 1284 COVERSTONE COURT OLDSMAR FL 27	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSOFSKY, HOWARD A 15350 AMBERLY DR TAMPA FL 33647 APT 3624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARBARA OSOFSKY 15350 AMBERLY DR TAMPA FL 33647 APT 3624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Howard Ososky HOWARD OSOFSKY

3/23/01

813 866 4031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)