

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-21-2003 90204 026 ***150.00

DOCUMENT # F94000006254

1. Entity Name
KEY CONSTRUCTORS, INC.



Principal Place of Business
P O BOX 590
MADISON MS 39130
US

Mailing Address
P O BOX 590
MADISON MS 39130
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **64-0540086**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	WEBSTER, CHARLES R	
STREET ADDRESS	333 N. OLD CANTON ROAD	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	TREVATHAN, DAVID	
STREET ADDRESS	112 GABRIEL PLACE	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MCPHAIL, PAUL D	
STREET ADDRESS	406 HAMPTON COURT	
CITY-ST-ZIP	MADISON MS 3110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	Webster, Charles R	
STREET ADDRESS	333 N. Old Canton Road	
CITY-ST-ZIP	Madison, MS 39110	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trevathan, David	
STREET ADDRESS	112 Gabriel Place	
CITY-ST-ZIP	Madison, MS 39110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Webster	
STREET ADDRESS	132 Woodland Springs	
CITY-ST-ZIP	Ridgeland, MS 39157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 and a power of attorney.

SIGNATURE: DAVID TREVATHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

601-898-9892

Daytime Phone #

CR2E034 (10/02)