

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90167 008 ***150.00

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1. Entity Name
KEYSTONE ADVANCE PLANNING, INC.

Principal Place of Business
**100 N. TAMPA ST., STE. 3100
TAMPA FL 33602**

Mailing Address
**100 N. TAMPA ST., STE. 3100
TAMPA FL 33602**



2. Principal Place of Business
400 N. Ashley Drive

3. Mailing Address
400 N. Ashley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1900

Suite 1900

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number **59-3507294**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
33602

Country
USA

Zip
33602

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VON HORN, BRENT N
100 N. TAMPA ST., STE. 3100
TAMPA FL 33602**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	HORN, ROBERT G.
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VST <input type="checkbox"/> Delete
NAME	TIDWELL, STEVEN A
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VAS <input type="checkbox"/> Delete
NAME	PRICE, JAMES D
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VAS <input type="checkbox"/> Delete
NAME	SHAFFER, STEPHEN M
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VAS <input type="checkbox"/> Delete
NAME	VON HORN, BRENT N
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	SVPS <input type="checkbox"/> Delete
NAME	HAYS, MICHAEL LEWIS
STREET ADDRESS	100 N. TAMPA ST., STE. 3100
CITY-ST-ZIP	TAMPA FL 33602

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 N. Ashley Dr., #1900
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 N. Ashley Dr., #1900
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 N. Ashley Dr., #1900
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 N. Ashley Dr., #1900
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 N. Ashley Dr., #1900
CITY-ST-ZIP	Tampa, FL 33602

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

3-27-03

81725-4650

CR2E034 (10/02)