

# 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

**DOCUMENT # F98000002434**



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

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

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

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