2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G02623 Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** KEY-ROS CORPORATION 02-16-2000 90035 002 ***150.00 Principal Place of Business Mailing Address 18 LITTLE POND ROAD 18 LITTLE POND ROAD P.O. BOX 8146 P.O. BOX 8146 LANTANA FL 33462 LANTANA.FL 33462-4743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-2463539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME KEDDY, DONALD G. Street Address (P.O. Box Number is Not Acceptable) **18 LITTLE POND ROAD** 12990 CALAIS CIRCLE POINT MANALAPAN FL 33462 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete TITLE TITLE KEDDY, DONALD G. NAME NAME 12990 Calais Circle STREET ADDRESS 18 LITTLE POND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POINT MANALAPAN FL PALM BUACH GARDONS ☐ Addition ☐ Delete TITLE TITLE KEDDY, HELENA NAME 12990 CALAIS CIACLE STREET ADDRESS STREET ADDRESS 18 LITTLE POND ROAD PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP POINT MANALAPAN FL - Delete -TITLE TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: