

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04509

1. Entity Name

KEYTRONICS, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90018 022 \*\*\*150.00

Principal Place of Business

103100 OVERSEAS HWY  
STE 31  
KEY LARGO FL 33037  
US

Mailing Address

4504 IDA COURT  
LABELLE FL 33935-5616  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2648702**

Applied For

Not Applicable

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

BARBER, GILBERT J  
4504 IDA COURT  
LABELLE FL 33935

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                   | STREET ADDRESS | CITY - ST - ZIP  | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------------|----------------|------------------|---------------------------------|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| PD    | BARBER, GILBERT C. JR. | 4504 IDA COURT | LABELLE FL 33935 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                        |                |                  | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 another like empowered.

SIGNATURE:

*GILBERT BARBER*

4/25/00

863-674-0744