

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24818

1. Entity Name

KEYSTONE FINANCIAL SERVICES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90015 039 ***150.00

Principal Place of Business

5714 MUIRFIELD VILLAGE CR.
LAKE WORTH FL 33463
US

Mailing Address

5714 MUIRFIELD VILLAGE CR.
LAKE WORTH FL 33463-6578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0021734

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WELLMAN, NICHOLAS P.
4655 S. MILITARY TRAIL
LAKE WORTH FL 33463

Name

WELLMAN NICHOLAS P

Street Address (P.O. Box Number is Not Acceptable)

5714 MUIRFIELD VILLAGE CIRCLE

City LAKE WORTH

FL

Zip Code 33463

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 *Nicholas P. Wellman Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

2/18/2000
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	DPS	<input type="checkbox"/> Delete
NAME	WELLMAN, NICHOLAS P	
STREET ADDRESS	5714 MUIRFIELD VILLAGE CR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WELLMAN, JOAN E.	
STREET ADDRESS	5714 MUIRFIELD VILLAGE CR	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Nicholas P. Wellman Pres.* *NICHOLAS P. WELLMAN* 2/18/00 561-965 2759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)