

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81524

1. Entity Name

KEYSTONE CORPORATION

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90082 035 \*\*\*150.00

Principal Place of Business

2715 W. FAIRBANKS AVE., SUITE 200  
WINTER PARK FL 32789

Mailing Address

2715 W. FAIRBANKS AVE., SUITE 200  
WINTER PARK FL 32789-3327

2. Principal Place of Business

10887 VEREDA SOL DEL DIOS

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAN DIEGO, CA

City & State

Zip

92130

Country

USA

Zip

Country

4. FEI Number

59-2827091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOUIS, PETER S  
161 TALMEDA TRAIL  
SUITE 400  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

PETER S. LOUIS

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

10887 VEREDA SOL DEL DIOS

City

SAN DIEGO

CA

FL

Zip Code

92130

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

*Peter Louis*

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. ☐

**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

TITLE	PST	<input type="checkbox"/> Delete
NAME	LOUIS, PETER S.	
STREET ADDRESS	2715 W. FAIRBANKS AVE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Peter Louis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR...

Date

5/1/00

Daytime Phone #

858 370 3197

CR2E034 (9/99)