

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L37107**1. Entity Name  
**KEY INVESTMENT HOLDINGS CORP.**

Principal Place of Business	Mailing Address
1555 E BAY DR	1555 E BAY DR
SUITE H	SUITE H
LARGO	LARGO
33771	33771
US	US
FL	FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2986009**

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

**ROBERTA DENNIS KAPLAN****1555 E BAY DR****SUITE H****LARGO****33771****US****FL**

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)

**05/01/2001**

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, 2001 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	VDS	<input type="checkbox"/> Delete
NAME	KAPLAN, ROBERTA DENNIS	
STREET ADDRESS	610 BELLE ISLE AVENUE	
CITY-ST-ZIP	BELLEAIR BEACH	FL

TITLE	VDS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAPLAN, ROBERTA DENNIS		
STREET ADDRESS	2305 WILLIAMS DRIVE		
CITY-ST-ZIP	CLEARWATER	FL	33764

TITLE	PDT	<input type="checkbox"/> Delete
NAME	COBB, TED	
STREET ADDRESS	11556 TRADEWINDS BLVD	
CITY-ST-ZIP	LARGO	FL

TITLE	PDT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBB, TED		
STREET ADDRESS	11556 TRADEWINDS BLVD		
CITY-ST-ZIP	LARGO	FL	33773

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

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

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

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

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

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

TITLE		<input type="checkbox"/> Delete
NAME		
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: ROBERTA DENNIS KAPLAN****VDS****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)