

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90279 005 \*\*\*150.00

DOCUMENT # **L57702**

1. Entity Name

**Key Industries, Inc.** ✓



**DO NOT WRITE IN THIS SPACE**

**11032396**

2. Principal Place of Business

**5400 1st Ave North**

Suite, Apt. #, etc.

3. Mailing Address

**5400 1st Ave North**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-2998438**

Applied For

Not Applicable

Zip

**33710**

Country

**USA**

Zip

**33710**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Andrews, Lance**

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

**696 First Ave N, 4th FL**

City

**St. Petersburg**

**FL**

Zip Code

**33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP  
Wurts, R. Page  
7777 Bayshore Drive  
Treasure Island, FL 33706**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

**Page Wurts** **PAGE WURTS** **President**

**4-28-03** **727-322-1555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)