

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90240 009 ***150.00

DOCUMENT # L69513

1. Entity Name
KEY EIGHT, INC.



Principal Place of Business
**7129 N. BRENTWOOD RD.
FT MYERS FL 33919
US**

Mailing Address
**7129 N. BRENTWOOD RD.
FORT MYERS FL 33919
US**



2. Principal Place of Business
1385 N. Brandywine Circle
Suite, Apt. #, etc.

3. Mailing Address
1385 N. Brandywine Circle
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Myers Florida
Zip
33919
Country
USA

City & State
Ft. Myers Florida
Zip
33919
Country
USA

4. FEI Number **65-0225323**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLADYS A. FIELDS
7129 N. BRENTWOOD RD.
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name
Gladys A. Fields
Street Address (P.O. Box Number is Not Acceptable)
1385 N. Brandywine Circle
City
Ft Myers FL Zip Code
33919

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 **Gladys A. Fields**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BEATTY, JOSEPH	
STREET ADDRESS	16041 KELLY WOODS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, CHARLES	
STREET ADDRESS	8401 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, CHARLES	
STREET ADDRESS	7129 N. BRENTWOOD RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JOHN	
STREET ADDRESS	11234 US 20	
CITY-ST-ZIP	MIDDLEBURY IN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GLADYS A. FIELDS	
STREET ADDRESS	7129 N. BRENTWOOD RD.	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fields, Charles	
STREET ADDRESS	1385 N. Brandywine Circle	
CITY-ST-ZIP	Ft. Myers FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fields, Gladys A.	
STREET ADDRESS	1385 N. Brandywine Circle	
CITY-ST-ZIP	Ft Myers FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gladys A. Fields**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/10/03** DAYTIME PHONE # **239-481-0374**

CR2E034 (10/02)