

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 22, 2000 8:00 am  
Secretary of State

08-22-2000 90004 044 \*\*\*\*88.75  
07-19-2000 90025 039 \*\*\*\*61.25

DOCUMENT # L71259

1. Entity Name

KEYS ABSTRACT STORAGE INC.

Principal Place of Business

300 ATLANTIC DR  
KEY LARGO FL 33037  
US

Mailing Address

P.O. BOX 3008  
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0217370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTE, CHRIS  
132 PLANTATION DR  
TAVERNWATER FL 33070

7. Name and Address of New Registered Agent

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SANTE, CHRIS PO BOX 3008 NA KEY LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTE, PAM PO BOX 3008 NA KEY LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/2000

305-451-5880

Attachment # L712S9  
B0104707

CHRIS SANTE  
P.O. BOX 3006  
KEY LARGO, FL. 33037

August 10, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Late Fillings of UBR

To Whom It May Concern:

Enclosed please find 7 corporation UBR forms. I have enclosed a check for each corporation to cover the short payments I made on these reports.

I am asking you to waive the late fees. I received these reports in late May or early June and paid them all on July 1, 2000. I never received the first notices. As you can see, I paid all of them upon receipt of my notice.

Again I ask you to please waive these late fees. You can call me at 305-451-5880 if you have any questions.

Sincerely,



Chris Sante