

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90062 044 ***150.00

0594221 AV

DOCUMENT # L86051

1. Entity Name
KEYSTONE INDUSTRIES, INC.



Principal Place of Business
**1211 N. COMMERCE BLVD.
SARASOTA FL 34243
US**

Mailing Address
**1211 N. COMMERCE BLVD.
SARASOTA FL 34243
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
746 SAWGRASS BRIDGE RD.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VENICE, FLORIDA

City & State
VENICE, FLORIDA

Zip
34292

Country
USA

4. FEI Number **65-0210622**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**XISTRIS, COSTAS D
1211 N. COMMERCE BLVD.
SARASOTA FL 34243**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	XISTRIS, COSTAS D.	
STREET ADDRESS	746 SAWGRASS BRIDGE RD.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	XISTRIS, TOULA	
STREET ADDRESS	746 SAWGRASS BRIDGE RD.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	P	<input type="checkbox"/> Delete
NAME	XISTRIS, COSTAS D	
STREET ADDRESS	746 SAWGRASS BRIDGE RD.	
CITY-ST-ZIP	VENICE FL 34292	
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		

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		
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CITY-ST-ZIP		
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: *Toula Xistris* (TOULA XISTRIS) 3-25-03 941-412-1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)