

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90685 042 \*\*\*158.75

**DOCUMENT # M08784**

1. Entity Name  
**KEYLITE ELECTRIC, INC.**



Principal Place of Business  
**C/O DANIEL R. MORRISON**  
**412 WARREN LN.**  
**KEY BISCAYNE FL 33149**

Mailing Address  
**C/O DANIEL R. MORRISON**  
**412 WARREN LN.**  
**KEY BISCAYNE FL 33149**

70008206



2. Principal Place of Business

**235 Ridgewood Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**235 Ridgewood Rd**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Key Biscayne, FLA**

City & State  
**Key Biscayne, FL**

4. FEI Number **59-2484774**

Applied For  
☐ Not Applicable

Zip **33149** Country **USA**

Zip **33149** Country **USA**

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

6. Name and Address of Current Registered Agent

**MORRISON, DANIEL R.**  
**412 WARREN LN.**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **Daniel R. Morrison**  
Street Address (P.O. Box Number is Not Acceptable)  
**235 Ridgewood Road**  
**Key Biscayne, FLA**  
City **FL** Zip Code **33149**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MORRISON, DANIEL R. 412 WARREN LN. KEY BISCAYNE FL 235 Ridgewood Rd	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Daniel R. Morrison** **01-09-03 305-361-3481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DANIEL R. MORRISON, Pres**

CR2E034 (10/02)