

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 003 ***150.00

DOCUMENT # P00000004607

1. Entity Name

Keya Corporation

670448

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8901 Front Beach Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City Beach, Florida

City & State

4. FEI Number
59-3613563

Applied For
Not Applicable

Zip Country
32407 USA

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SEGERS, SOWELL, STEWART & JOHNSON, PA
Street Address (P.O. Box Number is Not Acceptable)
626 LUVERNE AVENUE

City PANAMA CITY, FL Zip Code 32401

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

John D. Jahn

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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	PRESIDENT PATEL, LATA P 1125 E. CHURCH STREET JASPER, GA 30143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY & TREASURER JITENDRA PATEL, PANKAJ 8901 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407
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IN THIS SPACE**

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information appears in Block attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**SIGN
& DATE**

CR2E034B (12/01)