

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90312 012 \*\*\*150.00

**DOCUMENT # P00000033576**

1. Entity Name

**KEYSTONE CLASSICS INC.**

Principal Place of Business

**5505 SW 28TH AVENUE  
OCALA FL 34474**

Mailing Address

**5505 SW 28TH AVENUE  
OCALA FL 34474**

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

**59-3639319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATANZARO, ANTHONY  
5505 SW 28TH AVENUE  
OCALA FL 34474**

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **CATANZARO, ANTHONY V**  
CITY-ST-ZIP **5505 SW 27 AV  
OCALA FL 34474**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 provisions.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/02 352-237-0422**

CR2E034 (9/01)

Attachment  
# P00000033576  
776039

Send this card to magazines, businesses, friends  
and family to let them know you've moved.

**I've moved!**

Please send mail to my new address starting: 5/15/02  
Month Day Year

My Name: KEYSTONE CLASSICS Inc

Old Address:  
5505 SW 28TH AVE  
STREET OR PO BOX APT/SUITE  
OCALA, FL 34474  
CITY OR POST OFFICE STATE ZIP+4

New Address:  
5411 AVENIDA DEL MAR  
STREET OR PO BOX APT/SUITE  
SARASOTA, FL 34242  
CITY OR POST OFFICE STATE ZIP+4



For all your moving needs, visit Lowe's.  
To locate a store nearest you  
call 1-800-44-LOWES.

PLACE  
STAMP  
HERE



[www.moversguide.com](http://www.moversguide.com)

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