

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91876 037 ***150.00

050011 EP

DOCUMENT # P00000055602

1. Entity Name
KEYS AUTO MART INC.



Principal Place of Business
5590 #2 1ST AVE.
STOCK ISLAND FL 33040

Mailing Address
5590 #2 1ST AVE.
STOCK ISLAND FL 33040

2. Principal Place of Business
5590 #2 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
5590 #2 1st Ave
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Stock Island FL
Zip 33040 Country Monroe

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Stock Island FL
Zip 33040 Country Monroe

4. FEI Number 65-1011092
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PRESTI, ANTHONY
1711 JOSEPHINE ST., #6
KEY WEST FL 33040

7. Name and Address of New Registered Agent
Name: Presti, Anthony
Street Address (P.O. Box Number is Not Acceptable): 862 Loggerhead Lane
City: Sugarloaf Key FL Zip Code: 33042

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 *Anthony Presti*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/03

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 NAME STREET ADDRESS CITY-ST-ZIP | D PRESTI, ANTHONY 1711 JOSEPHINE ST., M #6 KEY WEST FL 33040 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Presti, Anthony 862 Loggerhead Lane Sugarloaf Key FL 33042 <input checked="" 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 |

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 information.

SIGNATURE: *Anthony Presti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/03
Daytime Phone #

CR2E034 (10/02)