

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90322 012 \*\*\*150.00

DOCUMENT # PQ0000060881

1. Entity Name

KEYS-IV-ME, INC.

Principal Place of Business

1198 EDGEHILL RD  
W. PALM BEACH FL 33417

Mailing Address

1198 EDGEHILL RD  
W. PALM BEACH FL 33417

2. Principal Place of Business

1198 EDGEHILL RD

3. Mailing Address

1198 EDGEHILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BEACH FL

City & State

W. PALM BEACH FL

Zip

33417

Country

US

Zip

33417

Country

US

4. FEI Number

65-1050047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EIKENBERG, TERRY A  
1198 EDGEHILL RD  
W. PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

SAME AS BEFORE

Street Address (P.O. Box Number is Not Acceptable)

City

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

4-20-01

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, 2001 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	TERRY A. EIKENBERG	
STREET ADDRESS	1198 EDGEHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

561-478-7676

Daytime Phone #

CR2E034 (10/00)