## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State P01000044401 DOCUMENT # 09-19-2002 90156 031 \*\*\*550.00 LONG KEY ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address TUL S J 4 & U 7217 GULF BLVD #13 7217 GULF BLVD #13 ST PETERSBURG BEACH FL 33706 ST PETERSBURG BEACH FL 33706 2. Principal Place of Business 7217 Get Blud 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3735642 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Pinellas Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Please have all correspondence Sen b Steve Stewart BERGER, TODD Street Address (P.O. Box Number is Not Acceptable) 810 63 AVE NORTH ST PETERSBURG FL 33702 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. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE 18 \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRES, SEC, TR. TITLE ☐ Delete TITLE ☐ Change ☐ Addition Steve É. STewart 250 Julia Ciecle South NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. Pete Beach Fl 33706 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T!TLE ☐ Change ☐ Addition NAME

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 other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP