

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90138 018 \*\*\*150.00

**DOCUMENT # P01000055031**



1. Entity Name  
**KEYS RECOVERY & LIQUIDATION, INC.**

Principal Place of Business  
**24746 OVERSEAS HWY  
SUMMERLAND KEY FL 33042**

Mailing Address  
**P.O. BOX 480285  
SUMMERLAND KEY FL 33042**



2. Principal Place of Business  
**936 Crane Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 420285**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sugarloaf Key, FL**  
Zip  
**33042** Country  
**USA**

City & State  
**Summerland Key, FL**  
Zip  
**33042** Country  
**USA**

4. FEI Number  
**65-1158219**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZINSER, TROY A  
24746 OVERSEAS HWY  
SUMMERLAND KEY FL 33042**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is not Acceptable)  
**936 Crane Blvd.**  
City  
**Sugarloaf Key** State  
**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 **Troy A. Zinser**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	<b>D</b> <input type="checkbox"/> Delete <b>ZINSER, TROY A 24746 OVERSEAS HWY SUMMERLAND KEY FL 33042</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>936 Crane Blvd. Sugarloaf Key, FL 33042</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 empowered.

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

**3/8/03 305-745-8580**  
Date Daytime Phone #

CR2E034 (10/02)