FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90462 015 ***150.00

DOCUMENT # P01000079397

1. Entity Name
Keyola Corporation

90051886

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
380 St. Peter Street	380 St. Peter Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Paul, MN	City & State: St. Paul, MN
Zip: 55102 Country: USA	Zip: 55102 Country: USA

4. FEI Number: 59-3697101 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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: Lauren Greco **Lauren Greco Assistant Secretary** DATE: 2/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President, Chairman, Treasurer
NAME	Richard Daley
STREET ADDRESS	2544 Gatlin Ave.
CITY-ST-ZIP	Orlando, FL 32806
TITLE	Director
NAME	James Dixon
STREET ADDRESS	2724 Cheval Street #108
CITY-ST-ZIP	Orlando, FL 32828
TITLE	Director
NAME	Adrian Marshall
STREET ADDRESS	10068 Brandon Circle
CITY-ST-ZIP	Orlando, FL 32836
TITLE	Director
NAME	Andre Boisvert
STREET ADDRESS	1617 Liatris Lane
CITY-ST-ZIP	Raleigh, NC 27613
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Daley 2-26-03 407-701-0468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #