

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90209 022 \*\*\*150.00

**DOCUMENT # P01000103692**

**1. Entity Name**  
**KEYSTONE FINANCIAL SERVICES CORP.**

**Principal Place of Business**

~~2424 N. FEDERAL HWY. STE. 100~~  
~~BOCA RATON FL 33401~~

**Mailing Address**

~~2424 N. FEDERAL HWY. STE. 100~~  
~~BOCA RATON FL 33401~~  
**23123 State Road 7**  
**Ste 235**

**2. Principal Place of Business**

**23123 State Road 7**  
**Ste 235**

**3. Mailing Address**

**Same**  
**Same**

**City & State**

**Boca Raton FL**

**City & State**

**Same**

**Zip**  
**33428**

**Country**

**USA**

**Zip**

**Same**

**Country**

**4. FEI Number**

**30-0000287**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MOORE, W. RODGERS**

**2424 N. FEDERAL HWY, STE. 400 456**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

**Name**

**Same**

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

**2424 N. Federal Hwy Ste 456**

**City**

**Same**

**FL**

**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]* **W. Rodgers Moore**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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, 2002 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** **D** ☒ Delete  
**NAME** **SMOLLINGER, CARL W**  
**STREET ADDRESS** **2100 GARDEN DR., STE. 201**  
**CITY-ST-ZIP** **MARS PA 16046**

**TITLE** **D** ☒ Delete  
**NAME** **FLEMING, JOHN A**  
**STREET ADDRESS** **2100 GARDEN DR., STE. 201**  
**CITY-ST-ZIP** **MARS PA 16046**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Mary Lou Fleming**  
**STREET ADDRESS** **8741 North Lake Vista**  
**CITY-ST-ZIP** **Plantation, FL 33324**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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]* **Mary Lou Fleming**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**1/22/02 954-389-0096**

CR2E034 (9/01)