

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115616

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: KEYNOTE CONSTRUCTION SPECIALTIES, INC.

Current Principal Place of Business:

5960 JONES AVENUE
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1000
ZELLWOOD, FL 327981000

New Mailing Address:

POST OFFICE BOX 1330
ZELLWOOD, FL 327981330

FEI Number: 30-0062392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C. STEPHEN ALLEN, ESQUIRE
4830 WEST KENNEDY BOULEVARD
SUITE 335
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLOOLY, TIMOTHY J
Address: 5960 JONES AVENUE
City-St-Zip: ZELLWOOD, FL 32798

Title: VD () Delete
Name: HEYNE, DUANE E
Address: 5960 JONES AVENUE
City-St-Zip: ZELLWOOD, FL 32798

Title: VSTD () Delete
Name: GILLOOLY, FAITH M
Address: 5960 JONES AVENUE
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J GILLOOLY

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date