

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90071 008 \*\*\*150.00

**DOCUMENT # P02000051952**

1. Entity Name  
**MICRO KEY SYSTEMS INC.**



Principal Place of Business  
3700 105TH AVE NORTH  
CLEARWATER, FL 33762

Mailing Address  
3700 105TH AVE NORTH  
CLEARWATER, FL 33762

**10091443**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
100 Ashbury Road  
Suite, Apt. #, etc.  
Unit # 103  
City & State  
Hollywood, FL

3. Mailing Address  
100 Ashbury Road  
Suite, Apt. #, etc.  
Unit # 103  
City & State  
Hollywood, FL

4. FEI Number 01-0691281 Applied For  
Not Applicable

Zip 33024 Country USA  
Broward

Zip 33024 Country USA

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

6. Name and Address of Current Registered Agent

LEDUC, REJEAN  
1001 NORTH FEDERAL HIGHWAY SUITE 202  
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name IZZO, Louie Jr  
Street Address (P.O. Box Number is Not Acceptable)  
11140 Springfield Place  
City Hollywood FL Zip Code 33026

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 *Louis J. Izzo, Jr*

(NOTE: Registered Agent signature required when making change)

04/25/03  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD IZZO, LOUIE JR 3700 105TH AVE NORTH CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hansen, Frank 3874 San Simeon Cir. Weston, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *Louis J. Izzo, Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 9546591316  
Date Daytime Phone #

CR2E004 (10/02)