

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90053 048 ***150.00

DOCUMENT # P02000077026

1. Entity Name
KEY ELEVATOR, INC.



Principal Place of Business
952 BIRD BAY COURT, SUITE 202
HIDDEN VILLAGE
LAKE MARY FL 32746

Mailing Address
952 BIRD BAY COURT, SUITE 202
HIDDEN VILLAGE
LAKE MARY FL 32746

90006852



2. Principal Place of Business

2671 MERCY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2671 MERCY DRIVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number

35-2177761

Applied For
☐ Not Applicable

Zip 32808 **Country** USA

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5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIME, GILBERT
17454 SE 79TH COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Noel Longan

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLTON, KENNETH L 2898 N. KITTERY POINTUITE 202 HERNANDO FL 34442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYLEY, STUART A 12204 WILD IRIS WAY ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORRIGAN, NOEL C 308 DUBLIN DRIVE LAKE MARY FL 32746	<input type="checkbox"/> Delete
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"/> 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 another like empowered.

SIGNATURE: Noel Longan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

800-811-8709

Phone Number

CR2E034 (10/02)