

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000091962

FILED
Apr 28, 2003
Secretary of State

Entity Name: AUTOKEYS, INC.

Current Principal Place of Business:

901 E 93 AVE
TAMPA, FL 33612

New Principal Place of Business:

903 E 93 AVE
TAMPA, FL 33612 US

Current Mailing Address:

901 E 93 AVE
TAMPA, FL 33612

New Mailing Address:

903 E 93 AVE
TAMPA, FL 33612 US

FEI Number: 05-0527828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA AGENT SERVICES, LLC
1221 BRICKELL AVE 9 FLR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FONSECA, ANTHONY
Address: 8717 WHITTIER ST
City-St-Zip: TAMPA, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONSECA, ANTHONY
Address: 903 E. 93RD AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: VT () Change (X) Addition
Name: MENENDEZ, JANICE M
Address: 903 E. 93RD AVENUE
City-St-Zip: TAMPA, FL 33612 US

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: JANICE M. MENENDEZ

VT

04/28/2003

Electronic Signature of Signing Officer or Director

Date