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

03-25-2002 90056 043 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000076171**

1. Entity Name  
**KEY INSPECTION SERVICE, INC.**

Principal Place of Business <b>216 CHILSON ANNA MARIA FL 34216</b>	Mailing Address <b>P O BOX 448 ANNA MARIA FL 34216</b>
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2. Principal Place of Business <b>635 DUNDEE LANE</b>	3. Mailing Address <b>PO BOX 1576</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLMES BEACH FL</b>	City & State <b>HOLMES BEACH FL</b>	4. FEI Number <b>65-0480268</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34218</b>	Country <b>MANATEE</b>	Zip <b>34218</b>	Country <b>MANATEE</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, KAREN M  
 PO BOX 448 216 CHILSON  
 ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent

Name  
**JOHNSON, William G**

Street Address (P.O. Box Number is Not Acceptable)  
**PO BOX 1576 - 635 DUNDEE LANE**

City  
**HOLMES BEACH** FL Zip Code  
**34218**

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 **William G JOHNSON** *William G Johnson* **PRES 4-5-02**

Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>ST</b>	NAME <b>JOHNSON, WILLIAM G</b>	TITLE <b>ST</b>	NAME <b>JOHNSON KAREN M</b>
STREET ADDRESS <b>P O BOX 448 216 CHILSON</b>		STREET ADDRESS <b>PO BOX 1576</b>	
CITY-ST-ZIP <b>ANNA MARIA FL 34202</b>		CITY-ST-ZIP <b>HOLMES BEACH FL 34218</b>	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input 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
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
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
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

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 I signed 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: **WILLIAM G JOHNSON** *William G Johnson* **1-11-02** **941 794 0124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)