

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087942

1. Entity Name

KEY COMPUTER SERVICE, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90193 017 \*\*\*150.00

Principal Place of Business

Mailing Address

41 N BLACKWATER LANE  
KEY LARGO FL 33037  
US

P.O. BOX 1403  
KEY LARGO FL 33037-1403

2. Principal Place of Business

41 N. BLACKWATER LN.

3. Mailing Address

PO Box 1403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

65-0465765

Applied For

Not Applicable

Zip

Country

Monroe

Zip

Country

Monroe

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELLON, JOHN J  
41 N. BLACKWATER LANE  
KEY LARGO FL 33037

Name

JOHN J. MELLON

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

41 N. BLACKWATER LN.

City

Key Largo

FL

Zip Code

33037

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

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MELLON, JOHN J  
CITY-ST-ZIP 41 N. BLACKWATER LANE  
KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Mellon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

305-453-7862

Daytime Phone #

CR2E034 (9/99)