

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058615

1. Entity Name

KEY LIME DEVELOPMENT CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90298 039 ***150.00

Principal Place of Business 447 VALPARAISO PKWY VALPARAISO FL 32580 US	Mailing Address 447 VALPARAISO PKWY VALPARAISO FL 32580-1274 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3263158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHROEDER, R V
635 BIRKDALE CIRCLE E.
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
447 Valparaiso Phwy
City Valparaiso FL Zip Code 32580

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE D SCHROEDER, R V STREET ADDRESS 635 BIRKDALE CIRCLE E. CITY-ST-ZIP NICEVILLE FL	<input type="checkbox"/> Delete
TITLE VP MILLER, LYMAN S. J STREET ADDRESS 6724 KARRI KUIG TRAIL CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP R.V. Schroeder 447 Valparaiso Phwy Valparaiso, Fla 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP L.S. Miller, Jr. 447 Valparaiso Phwy Valparaiso, Fla 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: R.V. Schroeder **RECEIVED** 4-27-00 850 897 4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)