

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90003 016 ***550.00

DOCUMENT # P94000065659

1. Entity Name
KEYSTONE BAY AREA CORPORATION



Principal Place of Business Mailing Address
371 SCARLET BLVD 371 SCARLET BLVD
OLDSMAR FL 34677 OLDSMAR FL 34677

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 **59-3270276** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRADLEY, JAMES A III
371 SCARLET BLVD
OLDSMAR FL 34677

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D <input type="checkbox"/> Delete	BRADLEY, JAMES A III 371 SCARLET BLVD OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	BRADLEY, MARY KAY 371 SCARLET BLVD OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	FORNWALT, ROBERT 371 SCARLET BLVD OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	JAMIE K. FORNWALT 371 SCARLET BLVD OLDSMAR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 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. C. Fornwalt* **REQUIRED** Date: **8-11-00** Daytime Phone #: **(813) 854-2342**

CR2E034 (5/00)