2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058062

GREEN KEY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

40346 US 19 N 40346 US 19 N TARPON SPRINGS FL 34689-4837 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3329445 Country Zip Zip 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECOCHE. BENITO S Street Address (P.O. Box Number is Not Acceptable) 40346 US 19 N TARPON SPRINGS FL 34689 FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE LECOCHE, BENITO S STREET ADDRESS 40346 US 19 N STREET ADDRESS

FILED Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90057 022 ***150.00



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DO NOT WRITE IN THIS SPACE	

Not Applicable

\$8.75 Additional Fee Required

Zip Code

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** Delete Change Addition TITLE BENEVENTANO, PASQUALE NAME NAME STREET ADDRESS 5342 WELLFIELD RD STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34655** CITY-ST-ZIP Addition Change Delete TIT! F TITLE BARONE, FRANK NAME NAME STREET ADDRESS 913 BROMPTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTBURY NY 11390 Delete ☐ Change Addition TITLE TITLE BARONE, MICHAEL NAME NAME STREET ADDRESS 913 BROMPTON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTBURY NY 11390 ☐ Addition ☐ Change TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Benito LeCoche

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR