

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000075636**

1. Entity Name

TL KEYS CONSTRUCTION CORPORATION**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90008 002 ***150.00

0491305

Principal Place of Business

**22811 JOHN SILVER LANE
CUDJOE KEY FL 33042
US**

Mailing Address

**P.O. BOX 420422
SUMMERLAND KEY FL 33042
US**

2. Principal Place of Business

22942 BLACKBEARD LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CUDJOE KEY FL

City & State

4. FEI Number **65-0611482**

Applied For

Not Applicable

Zip

33042

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

**KEYS, LARRY E.
22811 JOHN SILVER LANE
CUDJOE KEY FL 33042**

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

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	KEYS, LARRY E	22942 BLACKBEARD LANE	CUDJOE KEY FL 33042	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/00)

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: *Larry Keys*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY KEYS**1/6/01**

Date

305/304-1779

Daytime Phone #