

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007939

1. Entity Name

KEY BUILDERS INCORPORATED

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90071 009 \*\*\*150.00

0514592

Principal Place of Business 36725 FRAZEE HILL ROAD DADE CITY FL 33525	Mailing Address 36725 FRAZEE HILL ROAD DADE CITY FL 33525
---	---

C0041992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 36718 FRAZEE Hill Rd. Suite, Apt. #, etc. Dade City, FL	3. Mailing Address 36718 FRAZEE Hill Rd. Suite, Apt. #, etc.
City & State Dade City, FL	City & State Dade City, FL
Zip 33523	Country PASCO

4. FEI Number 59-3356392	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent LOCKE, FRED W 36725 FRAZEE HILL ROAD DADE CITY FL 33525
--

7. Name and Address of New Registered Agent Name Fred W. Locke Street Address (P.O. Box Number is Not Acceptable) 36718 FRAZEE Hill Rd. City Dade City FL Zip Code 33523
---

Address Change

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 Fred W. Locke DATE 4-1-01  
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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRED W. LOCKE 36725 FRAZEE HILL RD. DADE CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fred W. Locke 36718 FRAZEE Hill Rd. Dade City, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Fred W. Locke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)