

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037712

1. Entity Name  
KAYS PROPERTY MANAGEMENT, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90045 027 \*\*\*150.00

Principal Place of Business  
12200 Florida Avenue  
Stuart, FL 34994

Mailing Address  
12200 Florida Avenue  
Stuart, FL 34994

2. Principal Place of Business  
12200 Florida Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
12200 Florida Avenue  
Suite, Apt. #, etc.

City & State  
Stuart, FL

City & State  
Stuart, FL

4. FEI Number  
65-0660810

Applied For  
Not Applicable

Zip  
34994

Country  
USA

Zip  
34994

Country  
USA

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

## 6. Name and Address of Current Registered Agent

KAYS, THOMAS  
1948 NW Pine Lake Drive  
Stuart, FL 34994

## 7. Name and Address of New Registered Agent

Name  
KAYS, THOMAS  
Street Address (P.O. Box Number is Not Acceptable)  
12200 Florida Avenue  
Stuart, FL 34994  
City Stuart FL Zip Code 34994

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  Thomas Kays, Registered Agent 3/24/2000  
(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, 2000 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	KAYS KAYS, THOMAS 12200 Florida Avenue Stuart, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYS, EILEEN T. 12200 Florida Avenue Stuart, FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME 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	D,P,T KAYS, THOMAS 12200 Florida Avenue Stuart, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP,S KAYS, EILEEN T. 12200 Florida Avenue Stuart, FL 34994	<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)(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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

335-7449

Date

Daytime Phone #

Thomas Kays, President

CR2E034 (9/99)