FILED

Feb 11, 2002 8:00 am

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **Secretary of State** DOCUMENT # P96000077384 1. Entity Name -11-2002 90142 042 \*\*\*150 00 KEYCO, INCORPORATED Principal Place of Business Mailing Address HANGES 1991 MAIN STREET 1991 MAIN STREE SUME 120 SUITE 130 SARASOPA FL SARASOTA FL 34236 US 4 2. Principal Place of Business Mailing Address 5<u>001</u> SOOIN. WASHINGTON ASHINIGTO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEL Number 65-0702690 SARASOTA 1=4 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 234 4.54 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KOACH, KRAIG H Street Address (P.O. Box Number is Not Acceptable) 434 S WASHINGTON BLVD SARASOTA FL 34236 Zip Code 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 1,1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change Addition TULE Delete TITLE KEY, RANDALL C SOOI N.WASHINGTONBLVD. KEY, RANDALL C NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS 1991 MAIN ST., STE 130 SARASOTA CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34236 TITI F TITLE Change ☐ Addition ☐ Deletê \_NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-2iP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 anyaddress, with all other like empowered.

SIGNATURE: