

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092576

1. Entity Name

KEYS INTERNATIONAL CYCLE RENTALS, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90037 032 \*\*\*150.00

Principal Place of Business  
1003 CAROLINA ROAD  
CONWAY SC 28576

Mailing Address  
PO BOX 238  
CONWAY SC 29528-0238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0711980**  
Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAESTAS, JAMES R  
6675 OVERSEAS HIGHWAY  
MARATHON FL 33050

Name **SAM CLESTER**  
Street Address (P.O. Box Number is Not Acceptable)  
**798 DUCK KEY DR.**  
City **MARATHON** FL Zip Code **33050**

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 \_\_\_\_\_ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P M** ☐ Delete  
NAME **MAESTAS, JAMES R**  
STREET ADDRESS **13 MAN-O-WAR RD.**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **P M** ☒ Change ☐ Addition  
NAME **MAESTAS, JAMES R.**  
STREET ADDRESS **1003 CAROLINA RD**  
CITY-ST-ZIP **CONWAY SC 29526**

TITLE **VPTS** ☐ Delete  
NAME **LACY, TERESA A**  
STREET ADDRESS **13 MAN-O-WAR RD.**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VPTS** ☒ Change ☐ Addition  
NAME **LACY, TERESA A.**  
STREET ADDRESS **1003 CAROLINA RD**  
CITY-ST-ZIP **CONWAY SC 29526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **798 DUCK KEY DR.**  
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: **TERESA A. LACY, V.P.** 4/28/00 (843) 903-3685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)