2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000026438** Feb 10, 2000 8:00 am 1. Entity Name Secretary of State KEYS AND COAKLEY, P.A. 02-10-2000 90060 016 ***150.00 Principal Place of Business Mailing Address 510 VONDERBURG DR 510 VONDERBURG DR **SUITE 3004** SHITE 3004 BRANDON FL 33511-5970 **BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3433309 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEYS, LARRY K Street Address (P.O. Box Number is Not Acceptable) 510 VONDERBURG DR **SUITE 3004** BRANDON FL 33511 Zip Code City 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, 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME KEYS, LARRY K NAME 510 VONDERBURG DR, SUITE 3004 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Change ☐ Addition TITLE ☐ Delete TITLE COAKLEY, KEVIN M NAME 510 VONDERBURG DR, STE 3004 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **BRANDON FL 33511** CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Change Delete TITLE 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 an address, with all-other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRESTED NAME OF SIGNING OFFICER OR DIRECTOR