

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044903

1. Entity Name

KEY GRAPHICS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90179 012 \*\*\*158.75

Principal Place of Business

Mailing Address

252 HWY 17 N  
 PALATKA FL 32177

252 HWY 17 N  
 PALATKA FL 32177-9674

2. Principal Place of Business

248 Hwy 17 N

3. Mailing Address

248 Hwy 17 North

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Palatka, FL 32177

City & State

Palatka, FL

Zip

32177

Country

Putnam

Zip

32177

Country

Putnam

4. FEI Number

59-3445862

Applied For

Not Applicable

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

PICKENS, JOE H  
 222 N THIRD ST  
 PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ Delete  
 NAME SLOAN, BRADLEY C  
 STREET ADDRESS 129 WALTON RD  
 CITY-ST-ZIP EAST PALATKA FL 32131

TITLE President, Secretary ☒ Change ☐ Addition  
 NAME Sloan, Bradley C  
 STREET ADDRESS 129 Walton Rd.  
 CITY-ST-ZIP East Palatka, FL 32131

TITLE VTD ☐ Delete  
 NAME PRESTON, SLOAN B  
 STREET ADDRESS 1601 EDMOND ST  
 CITY-ST-ZIP PALATKA FL 32177

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

TITLE D ☐ Delete  
 NAME BECK, CARL C  
 STREET ADDRESS 256 HWY 17 N  
 CITY-ST-ZIP PALATKA FL 32177

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  
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 (904) 328-8863