

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90228 041 \*\*\*150.00

0180278 AV

**DOCUMENT # P97000045906**

1. Entity Name  
**KEYS GRAFIX AND SIGN, INC.**



Principal Place of Business  
**1417 OVERSEAS HIGHWAY  
MARATHON FL 33050**

Mailing Address  
**1417 OVERSEAS HIGHWAY  
MARATHON FL 33050**



2. Principal Place of Business

3. Mailing Address

**1417 O/S Hwy.**

**1417 O/S Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NA**

**NA**

City & State

City & State

**MARATHON, FL.**

**MARATHON, FL.**

Zip

Country

Zip

Country

**33050**

**MONROE**

**33050**

**MONROE**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0761919**

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

**KELLER, JAMES R  
5198 OVERSEAS HIGHWAY  
MARATHON FL 33050**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ADAMS, PATRICK**  
STREET ADDRESS **1417 OVERSEAS HIGHWAY**  
CITY-ST-ZIP **MARATHON FL 33050**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

**4/25/03 (305) 743-7724**

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #  
80119010  
P97000059006

TO WHOM IT MAY CONCERN:

I SENT THIS CORP. RENEWAL FORM ON

APRIL 25, 2003. THE LOCAL OR MIAMI POST OFFICE

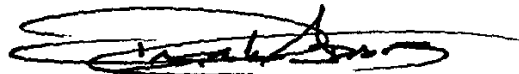
RETURNED IT STAMPED THAT THERE IS NO SUCH ADDRESS

I HOPE THIS RENEWAL FINDS YOU THIS TIME, TO AVOID  
LATE FEE.

I VE MISPLACED THE MAILING ENVELOPE THAT WAS  
SENT WITH THE RENEWAL FORM, MAYBE THATS WHY THEY  
SAID IT WAS INCORRECT, HOWEVER IT WAS THE SAME  
ADDRESS I'M SENDING NOW BEING IT IS THE ONLY ADDRESS

I COULD FIND THROUGH MANY PHONE CALLS. Thank you.

Sincerely,



PATRICK A. ADAMS.

(PRESIDENT - KEYS GRAPHIX & SIGNS ETC).