FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # P97000052057 **Secretary of State** KEY FINANCIAL SYSTEMS INC. 03-06-2001 90297 018 ***150.00 Principal Place of Business Mailing Address 5770 ROOSEVELT BLVD 5770 ROOSEVELT BLVD CLEARWATER FL 33760 CLEARWATER FL 33760 US US 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 59-3454610 Not Applicable Country Zip \$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 CHARLES R DESERIO, DAVID Street Address (P.O. Box Number is Not Acceptable) 5770 ROOSEVECT BIVD 16805 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624 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. CHARLES R. DANST SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition LUCAS, SCOTT NAME NAME 5770 ROOSEVELT BLVD STE 410 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33760** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ₩ Delete DARST CHARLES R 5770 ROOSEVELT BIVD 410 DESERIO, DAVID NAME NAME 16805 US HWY 19 N STREET ADDRESS STREET ADDRESS CLEARWATER FL 34624 CLEARWATTER FL 33760 CITY-ST-ZIP CITY-ST-ZIP.__ TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Lucas