

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052761

1. Entity Name

KEYHEAD, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90049 050 \*\*\*150.00

Principal Place of Business

Mailing Address

11431 ZODIAC DR  
ORLANDO FL 32837

11431 ZODIAC DR  
ORLANDO FL 32837-9019

2. Principal Place of Business

3. Mailing Address

6847 BOUGANVILLE CRESCENT DR  
Suite, Apt. #, etc.  
ORLANDO FL  
City & State

6847 BOUGANVILLE CRESCENT DR  
Suite, Apt. #, etc.  
ORLANDO FL  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3460003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip  
32809

Country

ORANGE

Zip

32809

Country

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRISON, KEVIN K  
11431 ZODIAC DR  
ORLANDO FL 32837

Name

KEVIN B. GARRISON

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

6847 BOUGANVILLE CRESCENT DR

ORLANDO

City

FL

Zip Code

32809

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]*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GARRISON, KEVIN B  
11431 ZODIAC DR  
ORLANDO FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KEVIN B. GARRISON  
6847 BOUGANVILLE CRESCENT DR  
ORLANDO FL 32809  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)