

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Keybainger Inc.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90050 010 ***150.00

Principal Place of Business

Mailing Address

1844 N. NOB hill RD #156
Plantation FL 33322

C0068830

2. Principal Place of Business

1844 N. NOB hill RD #156
Suite, Apt. #, etc.
156

3. Mailing Address

1844 N. NOB hill RD
Suite, Apt. #, etc.
#156

DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Plantation

4. FEI Number

Applied For

☒ Not Applicable

Zip

33322

Country

Broward

Zip

33322

Country

Broward

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

TIFFANY H. BENNETT
235 N. W. 135 Way
Plantation FL 33325

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

Tiffany H. Bennett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Tiffany H. Bennett TIFFANY H BENNETT

4/15/00

Date

370-3102

Daytime Phone #

CR2E034 (9/99)