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3-02-01

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P97000081556 **Secretary of State** KEYSTONE DEVELOPMENT COMPANY OF TAMPA, INC. 03-09-2001 90502 040 ***158.75 Principal Place of Business Mailing Address 1715 NORTH WESTSHORE BLVD. 1715 NORTH WESTSHORE BLVD. SUITE 750 SUITE 750 TAMPA FL 33607-3926 TAMPA FL 33607-3926 2. Principal Place of Business 3. Mailing Address 10025 Orange Grove Drive 10025 Orange Grove Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3476588 Tampa, Not Applicable FL --Tampa-FL Country Country \$8.75 Additional 5. Certificate of Status Desired 33618 33618 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name John A. Grant, Jr GRECO, FRANK J reet Address (P.O. Box Number is Not Acceptable) 10025 Orange Grove Drive 1715 NORTH WESTSHORE BLVD. SUITE 750 TAMPA FL 33607-3926 336T8 Tampa, , for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state 3-03-0/ John A. Grant Ir. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TILE DP Change GRANT, JOHN A JR John A. Grant, Jr 10025 Orange Grove Drive Tampa, FL 33618 STREET ADDRESS STREET ADDRESS 1715 N. WESTSHORE BLVD., STE. 750 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607-3926 ☐ Delete TITLE Change ☐ Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR