

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000081710**1. Entity Name  
**KEYS II MORTGAGES & EQUITY INC.**Principal Place of Business  
1953 CASSAT AVE  
JACKSONVILLE FL 32210Mailing Address  
1953 CASSAT AVE  
JACKSONVILLE FL 322102. Principal Place of Business  
3523 NORTH PEARL ST3. Mailing Address  
3523 NORTH PEARL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE FLCity & State  
JACKSONVILLE FL4. FEI Number  
**59-3467142**Applied For  
Not ApplicableZip  
32206

Country

Zip  
32206

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MCCRAY KEYS MARYANN**  
7165 EUDINE DR N

JACKSONVILLE FL 32210 US

**7. Name and Address of New Registered Agent**Name  
**MCCRAY KEYS MARYANN**Street Address (P.O. Box Number is Not Acceptable)  
7732 COATBRIDGE LANE NORTHCity  
JACKSONVILLE FL Zip Code  
32244

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 **MARYANN MCCRAY KEYS****04/16/2001**

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, 2001 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**TITLE  
NAME **KEYS MARYANN MCCRAY** ☐ Delete  
STREET ADDRESS  
7165 EUDINE DR N  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME **KEYS MARYANN MCCRAY** ☒ Change ☐ Addition  
STREET ADDRESS  
7732 COATBRIDGE LANE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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: MARYANN MCCRAY KEYS**

P

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)