

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093854

1. Entity Name

THE KEY SOURCE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 037 ***158.75

Principal Place of Business

Mailing Address

~~1315 FOXTREE TRAIL~~
~~APOPKA FL 32712~~
US

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 115
ORLANDO FL 32810-1013
US

2. Principal Place of Business

308 Lonesome Pine DR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Longwood, FL

City & State

City & State

City & State

Seminole

Zip

32779

Country

Zip

Country

4. FEI Number

59-3476396

Applied For

Not Applicable

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

SHATTUCK, DORIS
~~1315 FOXTREE TRAIL~~
~~APOPKA FL 32712~~

Name

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

308 Lonesome Pine DR

City

Longwood

FL

Zip Code

32779

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 *Doris Shattuck*

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 D
NAME SHATTUCK, DORIS
STREET ADDRESS ~~1315 FOXTREE TRAIL~~
CITY-ST-ZIP ~~APOPKA FL 32712~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

308 Lonesome Pine DR
Longwood, FL 32779

☒ Change ☐ Addition

TITLE VP
NAME REID, ROBERT
STREET ADDRESS 113 TRAFALGAR PLACE
CITY-ST-ZIP LONGWOOD FL 32779

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME WRIGHT, STEVEN
STREET ADDRESS 4149 LAUGHLIN ROAD
CITY-ST-ZIP ZELLWOOD FL 32798-0134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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)(l), 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 another like empowered.

SIGNATURE: *Doris Shattuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 407-292-9121

Date

Daytime Phone #

CR2E034 (9/99)