

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000093854**

1. Entity Name

**THE KEY SOURCE, INC.**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90048 001 \*\*\*150.00

0637211 SP

Principal Place of Business

**2325 SWEETWATER CE PL DRIVE**  
**APOPKA FL 32712**  
**US**

Mailing Address

**461 SR 434 NORTH 491**  
**STE 111**  
**ALTAMONTE SPRINGS FL 32714**  
**US**

855950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**491 No State Rd 434**

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**SHATTUCK, DORIS**  
**308 LONESOME PINE DR**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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

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, 2002 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 **D** ☐ Delete  
NAME **SHATTUCK, DORIS**  
STREET ADDRESS **308 LONESOME PINE DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **Robt Reid** ☐ Delete  
NAME **113 TRAFALGAR**  
STREET ADDRESS **Longwood, FL**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **2325 Sweetwater Co Club Pl**  
STREET ADDRESS **APOPKA, FL 32712**  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

*Doris Shattuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-02 407-682-7788**

CR2E034 (9/01)