

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90093 020 \*\*\*150.00

**DOCUMENT # P97000102786**

1. Entity Name

**KEYS AVIATION, INC.**

Principal Place of Business

Mailing Address

**100 ANCHOR DRIVE #427  
KEY LARGO FL 33037****100 ANCHOR DRIVE #427  
KEY LARGO FL 33037-5277****A0006131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**24 DOCKSIDE LANE PMB 427**

3. Mailing Address

**24 DOCKSIDE LANE PMB427**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**KEY LARGO, FL**

City &amp; State

**KEY LARGO, FL**

4. FEI Number

**65-0808694**

Applied For

Not Applicable

Zip

**33037**

Country

**USA**

Zip

**33037**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HANSON, CARL  
48 N.E. 15TH ST.  
HOMESTEAD FL 33030**

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)☒ **91****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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, ROBERT C</b>	
STREET ADDRESS	<b>100 ANCHOR DRIVE #427</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, ROBERT C</b>	
STREET ADDRESS	<b>24 DOCKSIDE LANE PMB 427</b>	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**Robert C. Schwartz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

(305) 367-2557

Daytime Phone #

CR2E034 (9/99)