

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P98000033904

1. Entity Name

KEYS CARTS, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90017 009 \*\*\*150.00

Principal Place of Business

Mailing Address

33150 SW 210 AVE  
HOMESTEAD FL 3303433150 SW 210 AVE  
HOMESTEAD FL 33034-1200

2. Principal Place of Business

P.O. Box 761

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 761

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Frostproof, FL

City &amp; State

Frostproof, FL

4. FEI Number

65-0827288

Applied For

Not Applicable

Zip  
33843Country  
U.S.A.Zip  
33843Country  
U.S.A.5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIXON, MICHAEL  
 33150 SW 210 AVE  
 HOMESTEAD FL 33034

7. Name and Address of New Registered Agent

Name

Keys Carts Michael R Nixon

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

72 Huckleberry Trail

City

Frostproof

FL

Zip Code  
33843

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, 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 ☐ Delete  
 NAME D  
 STREET ADDRESS NIXON, MICHAEL  
 CITY-ST-ZIP 33150 SW 210 AVE  
 HOMESTEAD FL 33034

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS P.O. Box 761  
 CITY-ST-ZIP Frostproof, FL 33843

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

Michael R Nixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-00

Daytime Phone #

863-632-2229