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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am & Secretary of State DOCUMENT # P98000065451 04-16-2002 90172 032 ***150.00 LONG KEY PROPERTIES, INC. Principal Place of Business Mailing Address 255 COREY AVENUE 255 COREY AVENUE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3538345 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ST. CLAIR, JOYCE Street Address (P.O. Box Number is Not Acceptable) 255 COREY AVENUE ST. PETERSBURG BEACH FL 33706 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2Fn34 (9/01) ☐ Addition TITLE TITLE ☐ Delete NAME NAME SKIPPER. PAUL J STREET ADDRESS STREET ADDRESS 255 COREY AVENUE ST. PETERSBURG BEACH FL 33706 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE D۷ NAME ST. CLAIR, JOYCE NAME STREET ADDRESS STREET ADDRESS **255 COREY AVENUE** CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG BEACH FL 33706 Delete --- =-TITLE = To Law : Change Addition TITLE ____. NAME NAME KLINGEL, JOSEPH W STREET ADDRESS STREET ADDRESS 255 COREY AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 ☐ Defete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7iP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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

Paul J. Skipper

Daytime Phone #