FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2001 8:00 am Secretary of State DOCUMENT# (do not have) 1. Entity Name KEID CORPORATION 09-17-2001 90003 013 ***150.00 Mailing Address Principal Place of Business 24123 PEACHCAND BLUDSAME SUITE A-12 978838 PORT CHARLOTTE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 5-11875389 Not Applicable Ζlp Country \$8.75 Additional Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent لامر 💅 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** FILE NOWILL FEE.19: \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITI F MLE □ Delete 24123 Peachland Bud., STE A-12 NAME NAME Peachland Blud STREET ADDRESS STREET ADDRESS PORT CHARLDTE CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change ☐ Addition TITLE -TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 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: X TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytane Phone

tachient 978835

orporation

A-12 A P9800018490

KEID Corporation 24123 Peachland Blvd., Suite A-12 Port Charlotte, FL 33954

September 12, 2001

Florida Department of State Divisions of Corporations/Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500_____

Dear Sir or Madam:

Thank you for taking my call this morning. I have enclosed my Uniform Business Report and I request that you waive the late fee based on the following:

- 1. I did not receive the first or the second notice regarding the renewal.
- 2. I have been separated from my wife and she never gave me any of the mail.
- 3. My CPA mentioned to me that I should check to see if the renewal was filed and it was not.
- 4. I have been living with my parents and did not know about the renewal and never received your notices.

Please reinstate my corporation. I have enclosed a check for \$150.00. I appreciate your help and understanding.

Very truly yours,

Cliff Joiner