Apr-24-00 03:37P 3054

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90113 017 ***150.00

DOCUMENT # P99000005530

1. Entity Name
~~KEY CARS INC.~~
(NAME CHANGE to KEYS CONCRETE PUMPING INC)

Principal Place of Business: 5031 5th AVE #D24 Key West Florida 33040
Mailing Address:

652148

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc. SAME D 24		Suite, Apt. #, etc D 24	
City & State KEY WEST FL.		City & State SAME	
Zip 33040	Country US	Zip SAME	Country SAME

4. FEI Number 65-0890627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
D.E. SIMPSON
5031 5th AVE #D24
KEY WEST FL.
33040

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 D.E. SIMPSON [signature] April 24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted] 150.00 Enclosed #1026

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D E SIMPSON PRESIDENT 5031 5th AVE D24 KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY S.E. SIMPSON 5031 5th AVE. D24 KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] D.E. SIMPSON April 24/2000 305 295 2976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #