2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900030036 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** KEYS COMPUTING SERVICE, INC. 01-28-2000 90118 021 ***150.00 Principal Place of Business Mailing Address 103400 OVERSEAS HIGHWAY 103400 OVERSEAS HIGHWAY KEY LARGO FL 33037-2834 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business P.O. Box 585 103400 Overseas Highwai Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite 110 Applied For City & State City & State 4. FEI Number 65-0908656 Not Applicable 33037 Country \$8.75 Additional 5. Certificate of Status Desired USA 33037 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIO, JOSEPH JR Street Address (P.O. Box Number is Not Acceptable) **801 BROWN STREET** KEY LARGO FL 33037 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 12. 11. Addition TITLE PD Delete TITLE Julie B. Florio NAME FLORIO, JOSEPH JR NAME BOI Brown Street STREET ADDRESS STREET ADDRESS **801 BROWN STREET** CITY-ST-ZIP CITY-ST-ZIP Key Largo, KEY LARGO FL 33037 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

Joseph N. Florio Jr.

PAINTED NAME OF SIGNING OFFICER OR DIRECTOR