

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90025 010 ***150.00

DOCUMENT # P99000036004

1. Entity Name

KEYMART OF WEST FLORIDA INC.

Principal Place of Business

8947 OSPREY LANE
 SEMINOLE FL 33777

Mailing Address

8947 OSPREY LANE
 SEMINOLE FL 33781-3165

2. Principal Place of Business

7772 63rd ST N.
 Suite, Apt. #, etc.
 # H

3. Mailing Address

Same

City & State

Pinellas Park FL

City & State

Pinellas Park FL

4. FEI Number

59-3571383

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAVE, JOHN M
 8947 OSPREY LANE
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name: JOHN M. FAVE
 Street Address: 7772 63rd ST N # H
 City: Pinellas Park FL Zip: 33781

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

Just address change only.

Signature, typed or printed name of registered agent and title, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	FAVE, JOHN M	8947 OSPREY LANE	SEMINOLE FL 33777	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7772 H 63rd ST N	Pinellas Park FL 33781	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	Angela M. FAVE	3481 Beechwood TERN	Pinellas Park FL 33781	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Angela M. FAVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

787-587-0161

Daytime Phone #

CR2E034 (9/99)