

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90142 004 \*\*\*150.00

**DOCUMENT # P99000036004**

1. Entity Name  
**KEYMART OF WEST FLORIDA INC.**



Principal Place of Business  
**8947 OSPREY LANE  
LARGO FL 33777**

Mailing Address  
**8947 OSPREY LANE  
H  
LARGO FL 33777**

**55053618**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**8947 Osprey Lane**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LARGO FLA**

Zip  
**33777**

Country  
**FLORIDA**

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

7. Name and Address of New Registered Agent

**FAVE, JOHN M  
8947 OSPREY LANE  
LARGO FL 33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John M Fave*  
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PDT  
FAVE, JOHN M  
8947 OSPREY LANE  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
TUCKER, DARCY  
8947 OSPREY LANE  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
DARCY FAVE  
8947 Osprey Ln  
LARGO FLA-33777**

Change  Addition  
**MARRIED**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John M Fave*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-03 727 3986774**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

55053618  
#9980093604

Please waive the \$400  
late fee I didn't receive  
form until fine was assessed

I am a one person  
corporation who does less than  
50,000 yearly gross profit  
at present time also.

Thanks

John M. Lane