

**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.



55053618

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

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

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

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. 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, DARCY 8947 OSPREY LANE LARGO FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DARCY FAVE 8947 Osprey Ln LARGO FLA-33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARRIED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

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

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