

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90068 023 ***150.00

DOCUMENT # P99000065875

1. Entity Name

DATA SYSTEMS OF THE KEYS, INC.

Principal Place of Business

Mailing Address

127 TEQUESTA STREET
TAVERNIER FL 33070

127 TEQUESTA STREET
TAVERNIER FL 33070

2. Principal Place of Business

178 Plantation Ave

3. Mailing Address

178 Plantation Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

Zip

33070

Country

Zip

33070

Country

4. FEI Number

65-0937939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of C

MESSINA, PAUL
127 TEQUESTA STREET
TAVERNIER FL 33070

Address change →

7. Name and Address of New Registered Agent

Name Messina, Paul

Street Address (P.O. Box Number is Not Acceptable)
178 Plantation Ave

City Tavernier

FL

Zip Code 33070

8. The above named entity submits this statement

SIGNATURE

Paul Messina

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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, 2001 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 D ☐ Delete
NAME MESSINA, PAUL
STREET ADDRESS 127 TEQUESTA STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE D ☐ Delete
NAME ANDERSON, THOMAS V
STREET ADDRESS 2418 N.E. 135TH STREET
CITY-ST-ZIP NO. MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 178 Plantation Ave
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0136264

CR2E034 (10/00)