## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # P99000082464 1. Entity Name KEY CONSTRUCTION, INC. 05-19-2002 90192 023 \*\*\*150 00 Principal Place of Business Mailing Address 1455 ISABEL ESTE RD. P.O. BOX 1452 **BOCA RATON FL 33486 BOCA RATON FL. 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0948648 Zip Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name HUMMEL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3841 NE 24TH AVE LIGHTHOUSE PT. FL 33064 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)CAVOSSA, BRUCE NAME ☐ Addition NAME STREET ADDRESS 23181 FOUNTAINVIEW RD. STREET ADDRESS E034 ( CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition HUMMEL, JOSEPH NAME STREET ADDRESS P.O. BOX 1452 STREET ADDRESS CITY-ST-ZIP \_ **BOCA RATON FL 33429** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME -- Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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 changed, or on an attachment with a statutes, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition