

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90079 022 \*\*\*150.00

**DOCUMENT # P99000090968**

1. Entity Name

**KEY RESOURCE, INC.**

Principal Place of Business

Mailing Address

PMB 331 445 STATE RD 12N #26  
 JACKSONVILLE FL 32259-3838

PO BOX 16952  
 JACKSONVILLE FL 32245-6952

2. Principal Place of Business

3. Mailing Address

**3843 Coopers Lake Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, FL**

4. FEI Number

**36-4324366**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32224**

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

**LINGONBLAD, ULF**  
**PMB 331 445 STATE RD 12N #26**  
**JACKSONVILLE FL 32259-3838**

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.

SIGNATURE

*Ulf S. Lingonblad*

**Ulf S. Lingonblad, President**

**3/15/00**

Signature, typed or printed name of registered agent and title if 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LINGONBLAD, ULF</b>	
STREET ADDRESS	<b>PMB 331 445 STATE RD 12N #26</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259-3838</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cornelius H. Goebertus</b>	
STREET ADDRESS	<b>3843 Coopers Lake Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32224</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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:

*Ulf S. Lingonblad*

**Ulf S. Lingonblad**

**3/15/00**

**904 680 9115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)