

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000090968

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: KEY RESOURCE, INC.

Current Principal Place of Business:

PMB 331 445 STATE RD 12N #26
JACKSONVILLE, FL 322593838

New Principal Place of Business:

Current Mailing Address:

3843 COOPERS LAKE RD
JACKSONVILLE, FL 32224

New Mailing Address:

5700 ST. AUGUSTINE ROAD
SUITE 210
JACKSONVILLE, FL 32207

FEI Number: 36-4324366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINGONBLAD, ULF
PMB 331 445 STATE RD 12N #26
JACKSONVILLE, FL 322593838 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINGONBLAD, ULF
Address: PMB 331 445 STATE RD 13N #26
City-St-Zip: JACKSONVILLE, FL 322593838

Title: D () Delete
Name: GOEBERTUS, CORNELIUS H
Address: 3843 COOPERS LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ROBINSON, WILLIAM A
Address: 7006 GAINES COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULF LINGONBLAD

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date