

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000094047

1. Entity Name

KEYSTONE SERVICE GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5335 W. HILLSBORO BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#710

City & State

City & State

COCONUT CREEK, FL

Zip

Country

Zip

Country

33073

USA

4. FEI Number

65-0956334

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN BOND

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

5335 W. HILLSBORO BLVD. #710

City

COCONUT CREEK

FL

Zip Code

33073

DO NOT WRITE
IN THIS SPACE

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

MARTIN BOND

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/07/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT
MARTIN BOND
5335 W. HILLSBORO BLVD #710
COCONUT CREEK, FL 33073

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

201.25 - AR
10.00 - AR ACTS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SECRETARY
SANDRA LIBERTY
5335 W HILLSBORO BLVD #710
COCONUT CREEK, FL 33073

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

88.75 - AR BTP

900005893269

-06/20/02-01083-002

****300.00 ****300.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTIN BOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02

954 895-3922

Daytime Phone #

CR2E034B (12/01)

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