## 2001 UNIFORM BUSINESS REPORT (VBR)

changed, or on an attachment with an address.

## Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # \$65807** 1. Entity Name 03-12-2001 90477 036 \*\*\*150.00 KEYBOARDS PLUS, INC. Principal Place of Business Mailing Address 32170 US HWY 19 NORTH 32170 U.S. HWY 19 NORTH U0024215 PALM HARBOR FL 34684 PALM HARBOR FL 34684 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3073740 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VISSER, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 32170 US HWY 19 NORTH PALM HARBOR FL 34684 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, Delete TITLE ☐ Change ☐ Addition TITLE VISSER, KENNETH R. NAME NAME STREET ADDRESS STREET ADORESS 32170 US HWY 19 NORTH CITY-ST-7/P CITY-ST-ZE PALM HARBOR FL Delete ☐ Change Addition IME TITLE NAME VISSER, DEBORAH A. STREET ADDRESS 32170 US HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP PALM HARBOR FL Delete ☐ Change ☐ Addition TITLE NAME MALIF STREET ADORESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Addition TITLE IITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Delete ■ Addition TITS E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS C(TY+5T-2)P CITY - ST - 7/P 13. I hereby certify that the information supplied with this filling 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 eath; 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

lika empowered.

MENTED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Keyboards Plus, Inc.
32170 US Highway 19 North
Palm Harbor, FI 34684
Phone (727) 789-6997

DATE FC 13-2001

63-466/631

PAY
TO THE
ORDER OF DEPARTMENT C PENTEY ON POLYCLED PINES

DEBORAH VISSER
KENNETH VISSER

H\*01169711\* 1:0631046681: 328128921711\*

whose

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