

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/31

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-31-2003 90065 042 ***550.00

DOCUMENT # S77613

1. Entity Name
KEY MORTGAGE CORP.



Principal Place of Business
**3032 46TH AVE E.
BRADENTON FL 34203
US**

Mailing Address
**3032 46TH AVE E.
SUITE 42
BRADENTON FL 34203
US**

33003330

2. Principal Place of Business
2516 AVE. B

3. Mailing Address
P.O. Box 16

Suite, Apt. #, etc.
W

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON BEACH

City & State
BRADENTON BEACH

4. FEI Number **65-0281016**

Applied For
☐ Not Applicable

Zip
34217

Country
MANATEE

Zip
34217

Country
MANATEE

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

MORRISSEY, BRIAN

Key Mortgage Corp.

~~8051 N TAMiami TR #42
SARASOTA FL 34243~~

2516 AVE. B #W

BRADENTON BEACH

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MORRISSEY, BRIAN T.**
STREET ADDRESS **3032 46TH AVE EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRIGGS, OFFICER OR DIRECTOR

Date

Daytime Phone #

941-351-1956

CF2E034 (4/03)