

2001 UNIFORM BUSINESS REPORT (UBR)

09-05-2001 90005 040 ***150.00
V46916

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DOCUMENT # V46916

1. Entity Name
KEY PROFESSIONAL SERVICES OF FLORIDA INC.

FILED

01 OCT -4 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 232643 TAMPA FL 33687-2643 US	Mailing Address PO BOX 232643 TAMPA FL 33687-2643 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3130560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, K.A.
6408 E. FOWLER AVENUE SUITE A
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6218 SOARING AVENUE
City TAMPA FL 33617

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 *K.A. Smith, President* DATE 8-27-01
Signature Required for all entities except those that are not applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SMITH, K.A. 6408 E. FOWLER AVENUE SUITE A TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6218 SOARING AVENUE TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *K.A. Smith, President* DATE 8-27-01
Signature Required for all entities except those that are not applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (5/01)

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

attachment
D# V46919
BOOK 3510

292

Dear Officer:

I am asking for your help. I don't know what else to do. My father died in March and we have had to deal with his death and with all of the probate, wills and misery that goes with it.

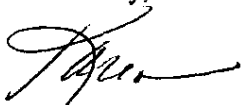
Papers to deal with, reports to fill out, magazines to cancel, personal mail from friends of his who don't know he's dead ... all of the horrible things you have to do ... in addition to crying over the death of your parent. I hope you can understand the enormity of it all.

It seems like every time I turn around, something reminds me of him. It is heartbreaking. It also is very difficult to keep my mind on work right now. That is why I missed the filing deadline for my tiny corporation.

Please help me ... I am asking for a little compassion from you. I can't afford to pay the \$550 fee. I don't remember seeing the first notice ... maybe it never came ... maybe it got mixed up with Dad's stuff that is all over the house ... God, I really don't know.

Please accept my \$150 payment and reinstate my corporation. I thank you from the bottom of my heart.

Sincerely, ---



Karen A. Smith
President
Key Professional Services of Florida Inc.
Document # V46916
Mailing address: PO Box 292643
Tampa, FL 33687-2643