

FILED

03 JUN 13 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #V46916**1. Entity Name  
**KEY PROFESSIONAL SERVICES OF FLORIDA INC.**Principal Place of Business  
PO BOX 292643  
TAMPA, FL 33687-2643 USMailing Address  
PO BOX 292643  
TAMPA, FL 33687-2643 US000020972850  
06/18/03--01043--018 \*\*150.00☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3130560</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>SMITH, K.A. 6218 SOARING AVENUE TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent			
				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's signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00  
After May 1, 2008 Fee will be \$650.00  
Make Check Payable to Florida Department of State9. 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	DPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, K.A.		NAME		
STREET ADDRESS	6218 SOARING AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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 empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Current Phone #

K.A. SMITH, PRESIDENT

06/09/03

216113

CR2E034 (10/02)

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

Dear Representative:

I need your help. My father's death has forced me to deal with an ongoing probate issue. Wills, probate and all the misery that goes with it.

During this time of sorrow, I also have had to deal with serious health problems to me and to my husband. He lost an eye a few years ago and recently had a serious threat to his only good eye. He also is undergoing some major prostate and colon surgery.

Because of having to deal with these serious health issues and with the seemingly never-ending paperwork with my father's death, I forgot all about my filing for my small, one-person corporation. It hasn't done much business in the past year ... but I don't want to lose it. I can't afford to pay the stiff penalty. I beg for your understanding with my problems.

I don't remember seeing the form. Maybe it didn't come ... or maybe it got mixed in with all of Daddy's mess.

As soon as I realized there was a problem (when a friend mentioned it), I quickly went to the Internet and downloaded the file. I didn't wait another minute. I hope you understand I pay my bills on time.

Please accept my \$150 payment and reinstate my corporation. I will be forever grateful. God bless you for your kind assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen A. Smith President".

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