DOCUMENT # N08000009343 1. Entity Name

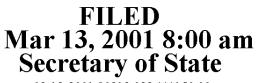
NORTH KEY LARGO UTILITY CORP.

Principal Place of Business 24 DOCKSIDE LANE #512 KEY LARGO FL 33037

Mailing Address

24 DOCKSIDE LANE #512 KEY LARGO FL 33037

2. Principal Place of Business	3. Mailing Address	·
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



03-13-2001 90313 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						i i					
City & State			City & State				4. FEI Number	65-0545336		-	pplied For
	<del>-</del>	OB. was it					<del></del>	<del>,</del>			ot Applicable
Zip Country Zip			Coun	ntry = ~==		5. Certificate of S	tatus Desired	\$8.75 Additional — Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Ad	dress of New Register	ed Age	ent	
					Name						
JENKINS, JOHN R P.A. ROSE, SUNDSTROM & BENTLEY					Street Address (P.O. Box Number is Not Acceptable)						
		IE PINES DR.			}						
TALL	LAHASSEE F	L 32301			City				FL	Zip Cod	ie
		<u> </u>	<u> </u>								
<ol><li>The above</li></ol>	named entity	submits this statement for t	the purpose of changing its	register	ed office or	r registered	d agent, or both, ir	the State of Florida.			
SIGNATURE											
	Signature, typed o	r printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signati	ure required w	hen reinstating)	DA	TE		
9. This corpo	oration is eligit	ele to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.0	00					
	•	nd elects to do so.	After MAY 1, 20					n Campaign Financing fund Contribution.	۲٦		<b>)0</b> May Be d to Fees
(See crite	ria on back)		Make Check Payal	ole to D	epartment	t of State	ilusti	and Commodition.		Adde	u to rees
11.		OFFICERS AND D	IRECTORS	12.			ADDITIONS/CH.	ANGES TO OFFICERS	AND D	RECTOR	IS IN 11
TITLE	DT		Delete	TITL	E	Γ				] Change	Addition
NAME	GOLDSTEI	N. ALAN J		NAM	IE					_	
STREET ADDRESS		OUND POINT		STRE	EET ADDRESS						
CITY-ST-ZIP		O FL 33037		CITY	-ST-ZIP	1					
TITLE	DP		· 🔀 Delete	TITL	E	P				<b>≩</b> Change	☐ Addition
NAME	SHUMWAY	, FRANK		NAM	E	David	d C. Ritz				
STREET ADDRESS	58 TARPO			STRE	ET ADDRESS	24 D	ockside La	me, PMB 505			
CITY-ST-ZIP	KEY LARG	O FL 33037	· <del>-</del>	CITY	-ST-ZIP	Key !	Largo, FL	33037	~~~	- >	
TITLE	D		☐ Delete	TITU	E	D			. [	] Change	<b></b> Addition
NAME	DISABITING	), Eugene		NAM	E		oe Stamps,				
STREET ADDRESS	24 THATCI	IPALM WAY			ET ADDRESS	07 0	sprey Lane	<u> </u>			
CITY-ST-ZIP	KEY LARG	O FL 33037		CITY	-ST-ZIP	Key 1	Largo, FL	33037	_		
TITLE	D		■ Delete	TITL		ם [			2	<b>≸</b> Change	Addition Addition
NAME	BERREY, F			NAM	-		Astbury				
STREET ADDRESS		REEF DR., #C300			ET ADDRESS	31 O	cean Reef	Dr., #C300			
CITY-ST-ZIP		O FL 33037	<del></del>		-ST-ZIP		<u>Largo, FL</u>	33037			
TITLE	DS		☐ Delete	TITLE	_	D	Willow			] Change	Addition
NAME	DAWSON,			NAM			Miller ay Ridge F	p.d			
STREET ADDRESS	65 TARPO				ET ADDRESS -ST-ZIP		ay Kiuge r Largo, FL				
CITY-ST-ZIP	KEY LARG	O FL 33037	<del></del>			<del></del>	rardo, tr	22027			
TITLE	1		☐ Delete	TITL		D			[	] Change	Addition
NAME STREET ADDRESS	1			NAM	E ET ANNRESS		rt McCleme ardinal La				
IRLET ADDRESS	1			■ STRE	+ i ADDRESS	1 51 (2	armina i Ja	) [   3			

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 an address, with all other like empowered.

CITY-ST-ZIP

Key Largo, FL 33037