

**2003 CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90442 042 ***150.00

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
35 Ocean Reef Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

CHECK HERE IF MAKING CHANGES

City & State

City & State

Key Largo, FL

4. FEI Number **65-0545336**

Applied For

Not Applicable

Zip

Country

Zip

Country

33037

USA

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

**JENKINS, JOHN R P.A.
ROSE, SUNDSTROM & BENTLEY
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 Delete
NAME **CD GOLDSTEIN, ALAN J**
STREET ADDRESS **5 CANNON POINT**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME **D Howard, Rick**
STREET ADDRESS **23 Dispatch Creek Court**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE Delete
NAME **P RITZ, DAVID C**
STREET ADDRESS **24 DOCKSIDE LANE, PMB 505**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME **D Smith, Mike**
STREET ADDRESS **01 Sunrise Cay Drive**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE Delete
NAME **D MILLER, RICHARD**
STREET ADDRESS **09 BAY RIDGE ROAD**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME **D Jacobson, Patty**
STREET ADDRESS **52 Angelfish Cay Drive**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE Delete
NAME **D ASTBURY, PAUL**
STREET ADDRESS **31 OCEAN REEF DR., #C300**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME **D Heffner, Samuel**
STREET ADDRESS **01 Pumpkin Cay Road, Unit B**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE Delete
NAME **DS DAWSON, RUTH**
STREET ADDRESS **65 TARPON LN.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GILBERT, BRUCE**
STREET ADDRESS **23 TAMARIND LANE**
CITY-ST-ZIP **KEY LARGO FL 33037**

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 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 empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

305-367-3067

Date

Daytime Phone #

CR2E034 (10/02)