

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90375 024 ***150.00

01/1837

DOCUMENT # P00000084337

1. Entity Name

FLORIDA KEYS FOOD STORES, INC.

Principal Place of Business

**55 HARBOR DRIVE
 ISLAMORADA FL 33036**

Mailing Address

**55 HARBOR DRIVE
 ISLAMORADA FL 33036**

2. Principal Place of Business

210 TAVERNIER ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 640

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip

33070

Country

Zip

33070

Country

4. FEI Number

65-1046318

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKENZIE, GREGORY
 55 HARBOR DRIVE
 ISLAMORADA FL 33036**

**210 TAVERNIER ST.
 TAVERNIER FL
 33070**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 Delete
 NAME **D MCKENZIE, GREGORY**
 STREET ADDRESS **55 HARBOR DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **P.D Mckenzie, Gregory**
 STREET ADDRESS **210 TAVERNIER ST.**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME **S Mckenzie, Jessica**
 STREET ADDRESS **210 TAVERNIER ST.**
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01 305.852.2881

CR2E034 (10/00)