

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90351 007 \*\*\*150.00

01145116 AV

**DOCUMENT # P96000089990**

1. Entity Name

**SFI OF THE KEYS, INC.**

Principal Place of Business

**120 SIMONTON STREET  
KEY WEST FL 33040**

Mailing Address

**120 SIMONTON STREET  
KEY WEST FL 33040**

**B0071093**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1101 Eaton Street  
Suite, Apt. #, etc.  
P O Box 1199**

3. Mailing Address

**1101 Eaton Street  
Suite, Apt. #, etc.  
P O Box 1199**

City & State

**Key West, FL XXXXX**

City & State

**Key West, FL**

4. FEI Number

**65-0706940**

Applied For

Not Applicable

Zip

**33041**

Country

**USA**

Zip

**33041**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STRUNK, STEPHEN  
120 SIMONTON ST  
KEY WEST FL FL330-40**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1101 Eaton Street**

City

**Key West,**

**FL**

Zip Code  
**33040**

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, 2002 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 **P** ☐ Delete  
NAME **STRUNK, STEPHEN S**  
STREET ADDRESS **120 SIMONTON ST**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **S** ☐ Delete  
NAME **STRUNK, PHYLLIS**  
STREET ADDRESS **120 SIMONTON ST**  
CITY-ST-ZIP **KEY WEST FL**

TITLE **VP** ☐ Delete  
NAME **STRUNK, ANDY B**  
STREET ADDRESS **120 SIMONTON STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1101 Eaton Street**  
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1101 Eaton Street**  
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☒ Change ☐ Addition  
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STREET ADDRESS **1101 Eaton Street**  
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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 #

**4-8-02 305-296-9091**

CR2E034 (9/01)