## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 20, 2003 8:00 am Secretary of State

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1. Entity N	JMENT # P020  KEY CLAM COMPANY INC	00060823					3 90075 004 *	**150.00	
Principal Place of Business Mailing Address 12350 GULF BOULEVARD P. O. BOX 239 CEDAR KEY FL 32625 CEDAR KEY FL 32625					-	JJOOO S		(NATO CADON STATE ON A	<b>t</b> i
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number Applied For S 9 - 3311 494 Not Applied For					
Zip	Country	Zip	Country			tificate of Status Desired	\$8.75		e
	6. Name and Address of Current	Registered Agent	<u></u>			e and Address of New Reg	Fee Requ	irrea	_
				me	r ;- (van)	e sun wooless of Mem Hed	stered Agent		4
CLENDENIN, PATRICK 12350 GULF BOULEVARD				eet Address (P.O. Box Number is Not Acceptable)					_
CEDAR	KEY FL 32625							-	
8. The above named entity submits this statement for the nurcose of changing its				ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligation that the state of the state o	•	was parpose of dilenging its		e or registere	ed agent,	or both, in the State of Florida	a. I am familiar wit	h, and accept	-
•	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent s	ignature required v	when reinstati	ng)	DATE		1
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00					9. Election Campaign Finance		00 May Be	$\frac{1}{2}$
Make Chec	k Payable to Florida Department of	State			1	Trust Fund Contribution.	☐ Addi	ed to Fees	1
10.	OFFICERS AND	DIRECTORS	11.		ADDITi	ONS/CHANGES TO OFFICE	SE AND DIRECTO	00 111 44	4
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NAME	CLENDENIN, PATRICK		NAME .	- [			Change	Addition	{
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SESS WELL SO

2/3/03.

352-543-6071 Daysima Phona #