

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271795

1. Entity Name

KEY BOOTERY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90051 020 ***150.00

Principal Place of Business

632 CRANDON BLVD.
KEY BISCAINE FL 33149

Mailing Address

632 CRANDON BLVD.
KEY BISCAINE FL 33149-2008

2. Principal Place of Business

77 HARBOR DRIVE

3. Mailing Address

77 HARBOR DRIVE

Suite, Apt. #, etc.

P.M.B. #150

Suite, Apt. #, etc.

P.M.B. #150

City & State

KEY BISCAINE FL

City & State

KEY BISCAINE FL

4. FEI Number

59-1023249

Applied For

Not Applicable

Zip

Country

33149 USA

Zip

Country

33149 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

KRELL, JEFFREY
632 CRANDON BLVD
KEY BISCAINE FL 33149

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRELL, JEFFREY	
STREET ADDRESS	632 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAINE, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRELL, JEFFREY	
STREET ADDRESS	632 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAINE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRELL, JEFFREY	
STREET ADDRESS	632 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAINE, FL 00000	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)