

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404430

1. Entity Name

KEY WEST TOYOTA, INC.

Principal Place of Business

1600 N ROOSEVELT BLVD
KEY WEST FL 33040

Mailing Address

1600 N ROOSEVELT BLVD
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1410144

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN,H EARL
1410 ROSE ST
KEY WEST FL 33040

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

3/14/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	DUNCAN,H EARL	1410 ROSE ST	KEY WEST FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	WHITE, CHARLOTTE	1428 ROSE ST	KEY WEST FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	DUNCAN,ORCHID L	1410 ROSE ST	KEY WEST FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/14/01 305
-296-2349
Date Daytime Phone #

CR2E034 (10/00)

0119209