

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90166 009 ***150.00

DOCUMENT # 471032

1. Entity Name
KEY HOLLY, INC.



Principal Place of Business
**5551 OVERSEAS HWY
MARATHON FL 33050**

Mailing Address
**5551 OVERSEAS HWY
MARATHON FL 33050**



2. Principal Place of Business

5415 OVERSEAS HWY

Suite, Apt. #, etc.
MARATHON, FL.

City & State

Zip
33050

Country
MONROE

3. Mailing Address

5415 OVERSEAS HWY

Suite, Apt. #, etc.

P.O. 501120

City & State

MARATHON, FL

Zip
33050

Country
MONROE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1590859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STARYK, CHARLENE
904 109TH ST. — P.O. BOX 500746
MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers are Acceptable)

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STARYK, CHARLENE
904 109TH ST.
MARATHON FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVT
HAMMER, RONNEY
904 109TH ST.
MARATHON FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STARYK, MYKA
THE LANDINGS COMMERCIAL BLVD. #231
FT. LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. BOX 500746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. BOX 500746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STARYK, MYKA
2515 N.E. 8TH AVE.
WILTON MANORS, FL 33305** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 OF OFFICER OR DIRECTOR
Charlene C. Staryk

1-16-03 305-289-4228

Date

Daytime Phone #

CR2E034 (10/02)