

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90057 028 ***158.75

DOCUMENT # 497034

1. Entity Name
CEDAR KEY REALTY, INCORPORATED

Principal Place of Business

**497 2ND ST.
 CEDAR KEY FL 32625
 US**

Mailing Address

**P O BOX 549
 CEDAR KEY FL 32625
 US**

2. Principal Place of Business

CEDAR KEY REALTY

Suite, Apt. #, etc.
497-2nd street

City & State
Cedar Key, Fla. 32625

Zip
32625

Country
Levy

3. Mailing Address

P.O. Box 549

Suite, Apt. #, etc.
CEDAR KEY FLA.

City & State
32625

Country
Levy



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2898356

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADKINS, ANNIE J
 497 2 STREET
 CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

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, 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
 NAME
ADKINS, ANNIE JEAN
 STREET ADDRESS
497 2ND STREET
 CITY-ST-ZIP
CEDAR KEY FL 32625

☐ Delete

TITLE
VP
 NAME
NESBITT, F. MARIAN
 STREET ADDRESS
P.O. BOX 802- GULF BLVD., N/A
 CITY-ST-ZIP
CEDAR KEY FL 32625

☐ Delete

TITLE
ST
 NAME
NESBITT, ENDER T
 STREET ADDRESS
P O BOX 802 - GULF BLVD N/A
 CITY-ST-ZIP
CEDAR KEY FL 32625

☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CR2E034 (9/01)

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: **ANNIE J ADKINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annie J. Adams

Date: **MAR. 7** Daytime Phone # **352-543-5146**