

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 594118

1. Entity Name
KEY WEST WATER SPORTS, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90140 040 ***150.00

Principal Place of Business

714 SEMINOLE
1415 GRINNELL
KEY WEST FL 33040
US

Mailing Address

714 SEMINOLE
1415 GRINNELL
KEY WEST FL 33040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1862760

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILSON, MICHAEL, B
1415 GRINNELL 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MICHAEL B. 1415 GRINNELL ST KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPINO, EDWARD, JR. 165 KEY HAVEN ROAD KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BARK, KRISTEN R 1721 PATRICIA STREET KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, NATHAN 1403 4TH STREET 2 KEY WEST FL 33040	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Kristy Kopanski 3420 S. Roosevelt H 204 - S Key West Florida 33040	☐ 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

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:

Kristy Kopanski KRISTY KOPANSKI 4-24-02 3052966854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)