## 2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

			VII	<u> </u>	••••		_	TAPI UI, A		$O_{\bullet}$	vam	
DOCUMENT # 627525  1. Entity Name GOLD KEY INTERNATIONAL, INC.								Secretary of State 04-07-2003 90140 017 ***150.00				
Principal Place of Business 6009 S: ORANGE AVE. ORLANDO FL 32809			Mailing Address 6009 S. ORANGE AVE. ORLANDO FL 32809						ant 6,611 azz	11) 81 <b>9</b> 11 318 1 3	ı Aıt Gıdır i Adı	
2. Principal I	Place of Business	3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-2049926 Applied For Not Applied			oplied For			
Zip Country				Cour	Country			ortificate of Status Desired		8.75 Add	fitional	
	= 6. Name and Address of Current	Register	ed Agent		T		7 No	me and Address of New Pos	istored A	cont		
		. rogister	on whell r : -		Nome		7. IVA	me and Address of New Reg	notered A	Acur		
					Name							
HEWITT III , HARRY 6009 S ORANGE AVE					Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
ORANDO	FL 32809								•			
OILINDO	1 L 32003				City	-,				Zip Code		
			•		City				FL	Zip Cou	-	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purp	pose of changing its	register	ed office or r	registere	ed agen	t, or both, in the State of Floric	la. I am fa	miliar with,	and accept	
SIGNATURE	Janu	لحے	ent	<b>2</b>								
	Signature, typed or printed name of egistated agent	and title if app	blicable. (NOTE	: Registere	d Agent signature	e required v	when reins	tating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	l Stata	to				Election Campaign Finan     Trust Fund Contribution.	cing		O May Be to Fees		
10.	OFFICERS AND		ADC.	11.			ADDI	TIONS/CHANGES TO OFFICE	EDG AND I		2 INI 11	
		DIRECTO		-			ADDI	TIONS/CHANGES TO OFFICE		_		
TITLE	PD		☐ Delete	TITLE	i i					☐ Change	☐ Addition	
NAME .	HEWITT, HARRY W III			NAM	E							
STREET ADDRESS	6009 S ORANGE AVE			STRE	ET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32809				-ST-ZIP							
TITLE			☐ Delete	TITLE	:					Change	☐ Addition	
NAME			L Delete	NAM								
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	·				-ST-ZIP							
<del> </del>				-								
TITLE	·=·		Delete	- TITLE			-	· · · · · · · · · · · · · · · · · · ·		- Change	Addition	
NAME				NAMI								
STREET ADDRESS					ET ADDRESS						ł	
CITY-ST-ZIP				CITY	- ST-ZIP							
TITLE			Delete	TITLE	:					Change	☐ Addition	
NAME				NAME	E ]						1	
STREET ADDRESS				STRE	ET ADDRESS						ì	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAME					'			
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP						1	
			CT3	1-								
TITLE			Delete	TITLE					l	Change	☐ Addition	
NAME				NAME								
STREET ADDRESS	` .				ET ADDRESS							
CITY-ST-ZIP			,	CITY-	-ST-ZIP						-	

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: \_<

407-851-0688