

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90312 021 ***150.00

DOCUMENT # 674080

1. Entity Name
KEYS POOL, INC.

Principal Place of Business
C/O JOANNE CATES
1301 1ST STREET
KEY WEST FL 33040

Mailing Address
PO BOX 5466
KEY WEST FL 33045



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2025789**

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

CATES, JOANNE
1301 1ST STREET
KEY WEST FL 33040

Name
CATES, JOANNE
 Street Address (P.O. Box Number is Not Acceptable)
155 KEY HAVEN ROAD
 City
KEY WEST **FL** Zip Code
33040

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 **PD** ☐ Delete
CATES, SCOTT C
 STREET ADDRESS **1301 1ST ST.**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **155 Key Haven Road**
 CITY-ST-ZIP **Key West, FL. 33040**

TITLE
 NAME **VD** ☐ Delete
CATES, CECIL JR
 STREET ADDRESS **1301 1ST STREET**
 CITY-ST-ZIP **KEY WEST FL**

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

TITLE
 NAME **STD** ☐ Delete
CATES, JOANNE V.
 STREET ADDRESS **1301 1S ST**
 CITY-ST-ZIP **KEY WEST, FL 00000**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **155 KEY HAVEN ROAD**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE
 NAME **D** ☐ Delete
GARCIA, CHRISTOPHER O
 STREET ADDRESS **1213 14TH ST. #72**
 CITY-ST-ZIP **KEY WEST FL**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Joanne V. Cates* **JOANNE V. CATES** 4/12/02 305-294-6005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)