FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # 760410 Secretary of State 1. Entity Name 03-29-2001 90019 036 ****61.25 FLORIDA KEYS CONTRACTORS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 522797 P.O. BOX 522797 MARATHON SHORES FL 33057-2797 MARATHON SHORES FL 33057-2797 734165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, WILLIAM P. 1762 - 74TH STREET MARATHON FL 33050 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete Addition TITLE TITLE Change **BELL, DOUGLAS** NAME NAME STREET ADDRESS STREET ADDRESS **931 LAGOON** CITY-ST-ZIP CITY-ST-7IP SUMMERLAND KEY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, MICKEE NAME NAME STREET ADDRESS STREET ADDRESS 15 TREASURE RD CÎTY ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE Delete TITLE ☐ Change Addition TUTTLE, DAVID NAME STREET ADDRESS 1620 LAMBERT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL TITLE ☐ Delete TITLE **T.** Change Addition BROWN, MICKEL NAME BELL, DOUGLASS NAME 15 TREASURE RD STREET ADDRESS 15 TREASURE RD STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-7IP MARATHON FL 33050 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not quality for the exemption of 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR