

2001 UNIFORM BUSINESS REPORT (UBR)

0003155 AF

DOCUMENT # A00000001277

1. Entity Name

THERESA A. MCKENNA AND SUSAN E. MICHEL, LIMITED

FILED

01 APR 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3333 DUCK AVE

#D-203

KEY WEST FL 33040

Mailing Address

3333 DUCK AVE

#D-203

KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Key West Candy Co.

Suite, Apt. #, etc.

810 DUVAL STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Zip

33040

Country

MONROE

Country

4. FEI Number

65-1019384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKENNA, THERESA A

3333 DUCK AVE

#D-203

KEY WEST FL 33040

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. Capital Contributions
as Shown on record.

\$130,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

115,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MCKENNA, THERESA A
3333 DUCK AVE #D-203
KEY WEST FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MICHEL, SUSAN E
3333 DUCK AVE #D-203
KEY WEST FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Susan E. Michel
SUSAN E. MICHEL

4-19-01 305-292-1496

CR2E003 (11/00)