

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001277

1. Entity Name

THERESA A. MCKENNA AND SUSAN E. MICHEL, LIMITED

Principal Place of Business

KEY WEST CANDY CO.  
810 DUBAL STREET *DUVAL ST.*  
KEY WEST FL 33040

Mailing Address

3333 DUCK AVE., #D-203  
KEY WEST FL 33040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1019384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENNA, THERESA A  
3333 DUCK AVE  
#D-203  
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.

DATE

9. Capital Contributions  
as Shown on record.

\$130,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

300005505863--7  
-05/13/02--01045--011  
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STREET ADDRESS

CITY-ST-ZIP

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:

*Susan E Michel*  
SUSAN E MICHEL

4-28-02

Date

Daytime Phone #

305-  
292-1496

CR2E003 (9/01)

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AT