CR2E034 (10/00)

## 2001 UNIFORM BUSINESS REPORT (UBR) Feb 05, 2001 8:00 am **DOCUMENT # F66442 Secretary of State** 1. Entity Name FLORIDA KEYS MARINE, INC. 02-05-2001 90078 046 \*\*\*150.00 Principal Place of Business Mailing Address 87851 OLD HIGHWAY 87851 OLD HIGHWAY OCEAN HARBOR PH-23 OCEAN HARBOR PH-23 710504 ISLAMORADA FL 33036 ISLAMORADA FL 33036 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 59-2166819 Not Applicable Country 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 ROTH, JOSPEH H. JR. Street Address (P.O. Box Number is Not Acceptable) OCEAN HARBOR CLUB PH-23 87851 OLD HIGHWAY ISLAMORADA FL 33036 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME ROTH, JOSEPH H. JR. NAME STREET ADDRESS STREET ADDRESS 87851 OLD HIGHWAY CITY-ST-ZIP CITY-ST-7IP ISLAMORADA FL 33036 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete ----TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 laccurate 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/02/01

941-594-2634

Daytime Phone #