

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90096 017 ***150.00

DOCUMENT # F96000003501

1. Entity Name
KEY WEST INNS, INC.



Principal Place of Business
**ONE OFFICE PARK SOUTH, SUITE 210
BIRMINGHAM AL 35213**

Mailing Address
**ONE OFFICE PARK SOUTH, SUITE 210
BIRMINGHAM AL 35213**

2. Principal Place of Business

ONE OFFICE PARK Circle

3. Mailing Address

ONE OFFICE

Suite, Apt. #, etc.

Ste 101

Suite, Apt. #, etc.

same

City & State

Birmingham

City & State

AL

Zip

35223

Country

USA

Zip

AL

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **63-1088526**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete
NAME **JACKSON, CORY G JR**
STREET ADDRESS **ONE OFFICE PARK SOUTH, SUITE 210**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE **C** ☐ Delete
NAME **JACKSON, CORY G SR**
STREET ADDRESS **ONE OFFICE PARK SOUTH, SUITE 210**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE **T** ☐ Delete
NAME **JACKSON, NEAL-B**
STREET ADDRESS **ONE OFFICE PARK SOUTH, SUITE 210**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03

CR2E034 (10/02)