

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90292 038 ***150.00

DOCUMENT # G20490

1. Entity Name
KEY WEST RENOVATIONS, INC.

Principal Place of Business
1126 WASHINGTON
C/O DANIEL DRUM
KEY WEST FL 33040

Mailing Address
1126 WASHINGTON
C/O DANIEL DRUM
KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1213 TRUMAN
 Suite, Apt. #, etc.
BUSINESS AND

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
KEY WEST FL

City & State

4. FEI Number **59-2261200**

Applied For
 Not Applicable

Zip **33040** Country **MONROE**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRUM, DANIEL P.
1126 WASHINGTON
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **PA**
 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 **AA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **DRUM, DANIEL P**
 CITY-ST-ZIP **1213 TRUMAN KEY WEST, FL 00000**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE: **4-13-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)