

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G61816

1. Entity Name

LAMMA OF KEY WEST, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90009 012 \*\*\*150.00

Principal Place of Business

3718 N ROOSEVELT BLVD  
KEY WEST FL 33040  
US

Mailing Address

PO BOX 5824  
KEY WEST FL 33045-5824

2. Principal Place of Business

1111 12TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

KEY WEST, FL

City & State

Zip

33040

Country

USA

Zip

Country

4. FEI Number

59-2327399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKELLY, ARTHUR  
17013 CORAL DRIVE  
SUGARLOAF KEY FL 33042

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 *A.R. SKELLY SEC. / TREAS.*

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, 2001 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

TITLE PV ☐ Delete  
NAME SKELLY, LANNY  
STREET ADDRESS 17013 CORAL DRIVE  
CITY-ST-ZIP SUGARLOAF KEY, FL 00000

TITLE ST ☐ Delete  
NAME SKELLY, ARTHUR  
STREET ADDRESS 17013 CORAL DRIVE  
CITY-ST-ZIP SUGARLOAF KEY, FL 00000

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *A.R. SKELLY SEC. / TREAS.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01  
Date

305-294-6655  
Daytime Phone #

CR2E034 (10/00)