## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J00412

## FILED May 12, 2001 8:00 am

1. Entity Name GOLD KEY INVESTMENT CORP.							Secretary of State 05-12-2001 90015 027 ***150.00					
Principal Plac % JOHN J. SH 97 SUNSET DR SARASOTA FL US	IEA RIVE #401A	s	Mailing Address % JOHN J. SHEA 97 SUNSET DRIVE #401A SARASOTA FL 34238-5555 US				1 1 <b>4 3</b> 111 <b>8 1</b> 1111	<b>87</b> 131 <b>48</b> 414 <b>8</b> (881 311	III KERI AIDKI AI	<b>1</b> 12 <b>1</b> 12 <b>5</b> 11 <b>1</b> 11 <b>1</b> 11	OFFICE ALBERT COR	1
2. Principal F	Place of Busir	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. 1	FEI Number	59-263498	39		Applied For	-
Zip Country		Zip Coun		itry	5, (	5. Certificate of Status Desired -  \$8.75 Add Fee Require						
Name and Address of Current Registered Agent						7. 1	Name and Ad	dress of New	Registered	Agent		$\Box$
SHEA, JOHN J. 97 SUNSET DRIVE, #401A SARASOTA FL 34236						Name  Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip C	ode	$\neg$
SIGNATURE.	Signature, typed	or printed name of registered agent ar	the purpose of changing its red title if applicable. (NOTE:	: Registere	d Agent signature req		einstating)		DATE			
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			After MAY 1, 200 Make Check Payab	will be \$550.0			on Campaign F Fund Contributi			.00 May B led to Fees		
গু1.	OFFICERS AND DIRECTORS			12.	,	AD	DITIONS/CH	ANGES TO OF	FICERS ANI			$\square$ ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DHN ET DR 401 'A FL 34236	☐ Delete							☐ Chang	e 🗌 Addii	ition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEA, JU	INE M. ET DRIVE #401A	☐ Delete							Chang	e 🗌 Addi	ition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						٠	☐ Chang	e - 🗀 Addil	tion .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		- 1					☐ Chang	e 🗌 Addil	tion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	e 🗌 Addit	tion
13. I hereby of indicated of the corp changed.	certify that the on this repor poration or th or on an atta	information supplied with to the supplemental report is the receiver of trustee empty chment with an address with the supplement with the suppleme	his filing does not qualify for t rue and accurate and that my vered to execute this report a th all other like empowered.	the exer y signat is requir	mption stated in ure shall have the ed by Chapter (	Section 1 ne same ! 607, Florid	119.07(3)(i), F egal effect as da Statutes; a	Florida Statutes. s if made under and that my nan	I further cer oath; that I ne appears i	tify that the am an offic in Block 11	e information er or directo or Block 12	า or ≥ if

4/28/01 Date