

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90090 044 ***150.00

01565000 AV

DOCUMENT # J29521

1. Entity Name
TREASURES OF THE FLORIDA KEYS, INC.

Principal Place of Business

201 FRONT ST
STE 310
KEY WEST FL 33040
US

Mailing Address

201 FRONT ST
STE 310
KEY WEST FL 33040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 224

Suite, Apt. #, etc.

SUITE 224

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0393905

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, EDWIN O., III
201 FRONT ST
STE 310
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 224

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

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

(NOTE: Registered Agent signature required when reinstating.)

3-15-02
 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 **PD** ☐ Delete
 NAME **SWIFT, EDWIN O., III**
 STREET ADDRESS **201 FRONT ST, STE. 310**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 FRONT STREET, SUITE 224**
 CITY-ST-ZIP

TITLE **VTDA** ☐ Delete
 NAME **MOSHER, GERALD R.**
 STREET ADDRESS **201 FRONT ST, STE 310**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 FRONT STREET, SUITE ~~310~~ 224**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **BELLAND, CHRISTOPHER**
 STREET ADDRESS **201 FRONT ST, STE 310**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **201 FRONT STREET, SUITE 224**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

(Signature typed or printed name of signing officer or director)

3-15-02

Date

(305) 296-3609

Daytime Phone #

CR2E034 (9/01)