## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J32271 **DOCUMENT#** 

1. Entity Name



## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90482 050 \*\*\*150.00

BANANA BOAT OF KEY WEST, INC.								
Principal Place of Business 1126 STUMPLANE KEY WEST FL 33040 US		Mailing Address 712 MYRTLE AVE BOONTON NJ 07005 US		    <b>    </b>				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		J	CHECK HERE IF	MAKING CHANG	GES	
City & State		Hocketts town, N)			4. FEI Numbe	65-0039843		Applied For Not Applicable
Zip	Country	418 4 to ∑ib	Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered Agent	
				Name				
GREENE,	JENNIFER .				100.0			
1126 STU		Street Address			P.O. Box Number is Not Acceptable)			
,	T FL 33040							
	4				<del></del> -			
3 · 4 1 · 4			City				FL Zip	Code
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office	r registere	ed agent, or both	n, in the State of Flori	dal.am familiar w	vith, and accept
SIGNATURE .								
11.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	ture required v	when reinstating)		DATE	<del></del>
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				ction Campaign Final st Fund Contribution.		<b>5.00</b> May Be dded to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GREENE, JENNIFER 1126 STUMP LANE KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	nge Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Min. 440 07/00/0		☐ Chan	ge Addition

I hereby certify that the information supplied with this filling 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 trusted 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 open like empoyated. JEHNIFER

CR2E034 (10/02)