

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90193 009 ***150.00

DOCUMENT # J33934

1. Entity Name
GIRL FRIDAY OF THE FLORIDA KEYS, INC.



Principal Place of Business
**509 WHITEHEAD ST
KEY WEST FL 33040
US**

Mailing Address
**509 WHITEHEAD ST
KEY WEST FL 33040
US**



2. Principal Place of Business
3140 NORTHSIDE DR - 202
Suite, Apt. #, etc.

3. Mailing Address
3140 NORTHSIDE DR - 202
Suite, Apt. #, etc.

City & State **Same**

City & State **Same**

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number **59-2758927**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKER, RONALD A
3 ARBUTUS DRIVE
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HOBBS, THOMAS H.
509 WHITEHEAD ST
KEY WEST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
3140 NORTHSIDE DR - 202
Same
33040** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARKER, RONALD A
3 ARBUTUS DRIVE
KEY WEST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
33040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 FEB 03 (305) 296 9878

Date

Daytime Phone #

CR2E034 (10/02)