

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J37663

1. Entity Name  
FLORIDA KEY WEST, INC.

Principal Place of Business

5470 DIVISION DR  
FT MYERS FL 33905  
US

Mailing Address

5470 DIVISION DR  
FT MYERS FL 33905  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2734680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TANNER, EARL GEORGE  
1010 EDMERE DR  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name TANNER, EARL GEORGE  
Street Address (P.O. Box Number is Not Acceptable)  
4294 SKATES CIRCLE  
City FT. MYERS FL Zip Code 33905

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)

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

TITLE DP ☐ Delete  
NAME TANNER, EARL GEORGE  
STREET ADDRESS 1010 EDMERE DR  
CITY-ST-ZIP FT MYERS FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME TANNER, EARL GEORGE  
STREET ADDRESS 4294 SKATES CIRCLE  
CITY-ST-ZIP FT. MYERS, FL 33905

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 REQUIRED

01/04/02

941-694-8787

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90022 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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