

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90136 050 ***158.75

DOCUMENT # K57395

1. Entity Name
GOLDEN KEY INVESTMENTS, INC.

Principal Place of Business C/O J GEOFFREY PFLUGNER 2033 MAIN ST STE 600 SARASOTA FL 34237 US	Mailing Address C/O J GEOFFREY PFLUGNER 2033 MAIN ST STE 600 SARASOTA FL 34237-6049 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0094631	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**PFLUGNER, J. GEOFFREY ESQ.
 2033 MAIN STREET
 SARASOTA FL 34237**

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.

SIGNATURE _____ (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, 2000 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	<input type="checkbox"/> Delete
NAME	ARNSBY, DAVID	
STREET ADDRESS	6717 SARASEA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ARNSBY, ANN	
STREET ADDRESS	6717 SARASEA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ARNSBY, NICHOLAS B	
STREET ADDRESS	6717 SARASEA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARNSBY, JAMES B.	
STREET ADDRESS	6717 SARASEA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2032 Hillview Street	
CITY-ST-ZIP	Sarasota, Florida 34239	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2032 Hillview Street	
CITY-ST-ZIP	Sarasota, Florida 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2032 Hillview Street	
CITY-ST-ZIP	Sarasota, Florida 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: _____ **3.29.00** (941) 928-7225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #