

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90450 028 \*\*\*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  
 US

00043676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0094631**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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 **PFLUGNER, J. GEOFFREY**  
 Street Address (P.O. Box Number's Not Acceptable)  
**2033 MAIN ST**  
**Suite 600**  
 City **Sarasota** FL Zip Code **34237**

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 filer, if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|-------|------------------|----------------------|-------------------|---------------------------------|
| DP    | ARNSBY, DAVID    | 2032 HILLVIEW STREET | SARASOTA-FL-34242 | <input type="checkbox"/>        |
| SDT   | ARNSBY, ANN      | 2032 HILLVIEW STREET | SARASOTA-FL-34242 | <input type="checkbox"/>        |
| DV    | ARNSBY, JAMES B. | 2032 HILLVIEW STREET | SARASOTA-FL-34242 | <input type="checkbox"/>        |
|       |                  |                      |                   | <input type="checkbox"/>        |
|       |                  |                      |                   | <input type="checkbox"/>        |
|       |                  |                      |                   | <input type="checkbox"/>        |
|       |                  |                      |                   | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS               | CITY-ST-ZIP             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------------|-------------------------|---------------------------------|-----------------------------------|
|       |      | 4948 Bridgehampton Boulevard | Sarasota, Florida 34238 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      | 4948 Bridgehampton Boulevard | Sarasota, Florida 34238 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      | 4948 Bridgehampton Boulevard | Sarasota, Florida 34238 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                              |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                              |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                              |                         | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 (941) 928-7225

Date

Day and Phone #

CR2E034 (10/00)