

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37336

1. Entity Name

FLORIDA KEYS PETROLEUM, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90054 032 ***150.00

Principal Place of Business
126 OCEAN VIEW DRIVE
126 OCEAN VIEW DR
TAVERNIER FL 33070
US

Mailing Address
% WILLIAM DAVID BYRUM
126 OCEAN VIEW DR
TAVERNIER FL 33070-0674

00016219

2. Principal Place of Business
254 PUEBLO ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 674
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAVERNIER FL

City & State
TAVERNIER FL

4. FEI Number 65-0163536

Zip 33070 Country U.S.

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

6. Name and Address of Current Registered Agent

BYRUM, WILLIAM DAVID
126 OCEAN VIEW DR
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
254 PUEBLO ST
City TAVERNIER FL Zip Code 33070

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	BYRUM, WILLIAM DAVID	126 OCEAN VIEW DR TAVERNIER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change
		254 PUEBLO ST	TAVERNIER FL 33070	<input checked="" 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William David Byrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/00

Daytime Phone #

305-83