

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90033 010 \*\*\*150.00

**DOCUMENT # L45069**

1. Entity Name

**MARKET SHARE COMPANY OF MONROE COUNTY, INC.**

Principal Place of Business

Mailing Address

**605 UNITED ST  
SUITE 1  
KEY WEST FL 33040  
US****PO BOX 1077  
P O BOX 1077  
KEY WEST FL 33041-8077  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0185790**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, LINDA  
605 UNITED ST  
SUITE 1  
KEY WEST FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and LLC 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPS	O'BRIEN, LINDA	605 UNITED ST STE 1	KEY WEST FL 33040				
DV	WRIGHT, VANESSA	605 UNITED ST STE 1	KEY WEST FL 33040				
DV	BRADFORD, DEBRA	1800 ATLANTIC BLVD #C137	KEY WEST FL 33040				

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

**DEBRA L. BRADFORD**

Date

Day and Phone #

**2123101 305-296-5596**

CR2E034 (10/00)