FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2002 8:00 am Secretary of State DOCUMENT # N00000004358 02-27-2002 90031 035 ****61.25 THE PEBBLES ARTIST COMMUNITY AT KEY WEST, INC. Principal Place of Business Mailing Address 501 WHITEHEAD ST. 501 WHITEHEAD ST. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address OUTHARD 302 SOUTHARD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1027998 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent 'Name THE ANDERSEN FIRM. A PROFESSIONAL CORPORAT 501 WHITEHEAD ST. KEY WEST FL 33040 City 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 gent and title if applicab (NOTE: Registered Agent signature required when reinstating) 100 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE CR2E037 (9/01) ☐ Change Addition William Buddinger NAME ANDERSEN, WILLIAM E NAME 504 NOAH LANC STREET ADDRESS 501 WHITEHEAD ST. STREET ADDRESS CITY-ST-ZIP Key WEST, FL KEY WEST FL 33040 CITY-ST-7IP TTLE Delete TITLE Change NAME INGRAM, MICHAEL NAME STREET ADDRESS 604 WHITEHEAD ST. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE TITLE **X** Addition CRAIG, DONALD NAMF = STREET ADDRESS P.O.*BOX-372 ~~~~ 302 SOUTHARD ST STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33041 CHTY-ST-ZIP TITLE TD Delete TITLE ☐ Addition WALTERS, SANDRA NAME NAME STREET ADDRESS 600 WHITE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 trule 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, wered.