## **2002 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # N9500002673  1. Entity Name							FILED							
FLORIDA KEYS DISCOVERY, INC.						02.0CT 31 PM 6: 22								
Principal Place of Business Mailing Address						1	OF.		~					
*19983 CANAL DR:- POST OFFICE BOX 420520									TAL	JNC IA: AHAS!	47 UH 377 F	STATE LORIDA	A	
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	Place of Busin		3. Ma	ailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.									DO N	OT WRITI	E IN THI	S SPACE		
City & State		City & State					4. FEI Number 65-0590409			Applied For				
Zip		Country	Z	ip	Cou	intry		5. Certificate	of Statue D	acirod		\$8.75		
	6. Name	and Address of Curren	nt Register	ed Agent				7. Name and				Fee Re	quire	d
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EDOV/ME LAPOV A						Street Address (		P.O. Box Number is Not Acceptable)						
ERSKINE, LARRY A 31211 AVENUE A					j									
SUITE 1						- Cit		<del></del>						
	KEY FL 330		-			City					F	ᄂᆝ	Code	
8. The above the obliga	e named entity ations of regist	y submits this statement t	for the purp	oose of changing its r	egistere	ed office o	or register	ed agent, or bot	h, in the Sta	ite of Flor	ida. Lar	m familiar	with,	and accept
		orda agarri.												
SIGNATURE		or printed name of registered open	at and title if an	plineble (MOTE)	D:-t									
		or printed name of registered ager	nt and title if ap	plicable. (NOTE:	Registered	Agent signa	uture required	when reinstating)			DATE			· · · · · · · · · · · · · · · · · · ·
:	Signature typed	ستبدر شاحي خا	nt and title if ap	plicable. (NOTE:		,	sture required				محتوجي ج	~ <del></del>		
:	Signature typed  After Sept	ember 13, 2002, I be \$236.25.	nt and title if ap		paign Fi	nancing	uture required	\$5.00 May B	8	Mak	e Che		ble i	
:	Signature typed  After Sept	ember 13, 2002,		9. Election Camp Trust Fund Co	paign Fi	nancing		\$5.00 May B Added to Fees		Mak De	e Che	ck Paya	ble t state	
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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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIRUNDROUIRED

9/1/02