

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 22, 2000 8:00 am
Secretary of State

04-18-2000 90168 005 ****70.00

DOCUMENT # N98000006038

1. Entity Name

HABITAT'S KEY'S SOLUTION, INC.

Principal Place of Business

25000 OVERSEAS HWY.
 SUMMERLAND KEY FL

Mailing Address

C/O GERALD W. PLETAN. ESO.
 P.O. BOX 420008
 SUMMERLAND KEY FL 33042-0008

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 420008

City & State

City & State

Summerland Key, FL

Zip

Country

Zip

Country

33042 Monroe



DO NOT WRITE IN THIS SPACE

65-0881165

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLETAN, GERALD W
 25000 OVERSEAS HWY.
 SUMMERLAND KEY FL

7. Name and Address of New Registered Agent

Name *Gerald W Adams*

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

25000 Overseas Hwy

City *Summerland Key FL* Zip Code *33042*

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

Gerald W Adams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/10/00

DATE

FILE NOW!
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLETAN, GERALD W	
STREET ADDRESS	P.O. BOX 420008	
CITY-ST-ZIP	SUMMERLAND KEY FL 33043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOEWY, BILL	
STREET ADDRESS	P.O. BOX 421003	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, PETER	
STREET ADDRESS	615 GREEN STREET NO. 13	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPER, JOHN	
STREET ADDRESS	70 E CAHILL DR	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, DEWAYNE	
STREET ADDRESS	22386 LAFITTE DR	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARKIN, JOHN	
STREET ADDRESS	P.O. BOX 38	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gerald W Adams</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>TD Richard C. Casey, Jr.</i>	
STREET ADDRESS	<i>1403 12th St</i>	
CITY-ST-ZIP	<i>Key West, FL 33040</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SD Peter Anderson</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>D John Larkin</i>	
STREET ADDRESS		
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 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:

Ronald Ore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

DATE

(305) 292-1221

Daytime Phone #