

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90349 005 ***150.00

NT 70403 AV

DOCUMENT # P00000001773

1. Entity Name
KEY WEST CARGO RESORTWEAR INC.



Principal Place of Business
**2010 STAPLES AVE.
KEY WEST FL 33040**

Mailing Address
**PO BOX 6103
KEY WEST FL 33041**

2. Principal Place of Business

3. Mailing Address

P.O. Box 190854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

33119

Country

U.S.A.

4. FEI Number **65-0983107**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEINER, ERVIN A III
2010 STAPLES AVE.
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, DEBRA	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEINER, ERIC J	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEINER, ERVIN A III	
STREET ADDRESS	2010 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03

305-295-5558

5558

CR2034 (10/02)