

4/2/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-02-2001 90378 001 ***300.00

DOCUMENT # P00000026064

1. Entity Name

KEY WEST FINE JEWELRY, INC.

Principal Place of Business

Mailing Address

74 TAMARIND DR..BIG COPPIT KEY
KEY WEST FL 3304074 TAMARIND DR..BIG COPPIT KEY
KEY WEST FL 33040

01211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0987894

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

VANDEVOORDE, RENE G
1327 NORTH CENTRAL AVE.
SEBASTIAN FL 32958

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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

☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
FISHER, KIM
74 TAMARIND DR..BIG COPPIT KEY
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
FISHER, JUANITA LEE
74 TAMARIND DR..BIG COPPIT KEY
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/28/01 305 294 0321

Date

Daytime Phone #

CR2E034 (10/00)