

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90095 005 \*\*\*150.00

DOCUMENT # P00000034497

1. Entity Name

Keys Gift Baskets

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

143 Bahama Dr., N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 501239

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Duck Key, FL

Zip

33050

Country

City & State

Marathon, FL

Zip

33050

Country

4. FEI Number

65-1003352

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JoAnn Orr

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

143 Bahama Dr., North

City

Duck Key

FL

Zip Code

33050

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

*JoAnn Orr*

JoAnn Orr, Vice President 4/25/02

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: President  
NAME: Donna Hoover  
STREET ADDRESS: 5886 Overseas Highway  
CITY-ST-ZIP: Marathon, FL 33050

TITLE: Vice President  
NAME: JoAnn Orr  
STREET ADDRESS: 143 Bahama Drive, N.  
CITY-ST-ZIP: Duck Key, FL 33050

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*JoAnn Orr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 305-743-5437

Date

Daytime Phone #

CR2E034B (12/01)