

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90084 007 ***150.00

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DOCUMENT # P00000040919

1. Entity Name
KEITHCO OF KEY WEST, INC.

Principal Place of Business

133 BARRY AVENUE #46
LITTLE TORCH KEY FL 33042

Mailing Address

133 BARRY AVENUE #46
LITTLE TORCH KEY FL 33042

360445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1129 WASHINGTON ST.

3. Mailing Address

1129 WASHINGTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL.

City & State

KEY WEST FL.

4. FEI Number

65-1023299

Applied For

Not Applicable

Zip

33040

Country

U.S.A.

Zip

33040

Country

U.S.A.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRICE, KEITH

133 BARRY AVENUE #46

LITTLE TORCH KEY FL 33042

7. Name and Address of New Registered Agent

Name KEITH PRICE

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

1129 WASHINGTON ST.

City KEY WEST

FL

Zip Code 33040

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, 2002 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

TITLE D ☒ **Delete**
NAME PRICE, KEITH
STREET ADDRESS 133 BARRY AVENUE #46
CITY-ST-ZIP LITTLE TORCH KEY FL 33042

TITLE D ☐ **Delete**
NAME KEITH PRICE
STREET ADDRESS 1129 WASHINGTON ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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

Date

Daytime Phone #

CR2E034 (9/01)