2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 25, 2001 8:00 am
Secretary of State
04-30-2001 90442 049 ***150.00

DOCUMENT # P00000068377

1. Entity Name
BOSTON KEYS, INC.

Principal Place of Business
905 WHITE ST
KEY WEST FL 33040

Mailing Address
723 CATHERINE ST
KEY WEST FL 33040

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-1026125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

APPELLIS, MICHEL
723 CATHERINE ST
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.

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

TITLE	D	☐ Delete
NAME	KLAUBER, GEORGE	
STREET ADDRESS	23 FAYETTE ST	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	☐ Delete
NAME	ROSS, JO-ANN	
STREET ADDRESS	23 FAYETTE ST	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	☐ Delete
NAME	FLESZAR, ROZANNE	
STREET ADDRESS	723 CATHERINR ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☒ Delete
NAME	APPELLIS, MICHEL	
STREET ADDRESS	723 CATHERINR ST	
CITY-ST-ZIP	KEY WEST FL 33040	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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. Rozanne E. Fleszar

SIGNATURE: [signature] 5/1/01 (305) [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #