2001 UNIFORM BUSINESS REPORT (UBR)

Jun 26, 2001 8:00 am DOCUMENT # P00000072340 **Secretary of State** 05-14-2001 90046 019 ***150.00 THE LILLIE OF THE KEYES INC. Principal Place of Business Mailing Address P O BOX 1204 P O BOX 1204 9 B B TAVERNIER FL 33070 TAYERNIER FL 33070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1113185 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, URBAN J Street Address (P.O. Box Number is Not Acceptable) 82681 OVERSEAS HIGHWAY ISLAMORADA FL 33036 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change TIBLE ☐ Delete TITLE VERSAGE, PETER JR NAME NAME STREET ADDRESS STREET ADDRESS 119 HARBOR VIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL 33070 TITLE VID. Delete TITLE ☐ Change ☐ Addition VERSAGE, ELAYNE F MAME NAME STREET ADDRESS STREET ADDRESS P O BOX 1204 CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL 33070 Addition Delete .tme _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ment with an address, with all other like empowered

5/14

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