

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90085 002 \*\*\*150.00

DOCUMENT # P0000G083525

1. Entity Name

Key Lime Pie Company

Principal Place of Business

Mailing Address

500 Truman Ave., #7  
 Key West, FL 33040

P.O. Box 2086  
 Key West, FL 33045

A0045949

2. Principal Place of Business

3. Mailing Address

926 Truman Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
 Key West, FL

4. FEI Number

65-104 0684

Applied For

Not Applicable

Zip

Country

Zip  
 33040

Country  
 USA

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

Jay Mac Dermott  
 500 Truman Ave., #7  
 Key West, FL 33040

Name **Albert L. Kelley**

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

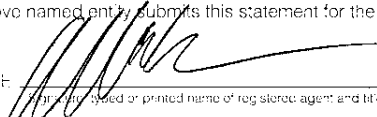
City **Key West**

**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:



*Albert L. Kelley*

3-30-01

(NOTE: Registered Agent's 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

TITLE	D	<input type="checkbox"/> Delete
NAME	Kelly, Kathleen	
STREET ADDRESS	19141 Rocky Rd.	
CITY-ST-ZIP	Sugarloaf Key, FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	Boa, Sheri	
STREET ADDRESS	1321 George St.	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MacDermott, Jay	
STREET ADDRESS	PO Box 2086	
CITY-ST-ZIP	Key West, FL 33045	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Kathleen	
STREET ADDRESS	19141 Rocky Rd.	
CITY-ST-ZIP	Sugarloaf Key, FL 33042	
TITLE	VP S T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boa, Sheri	
STREET ADDRESS	1321 George St.	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kathleen V. Kelly*

*Kathleen V. Kelly* 3/31/01 294-9118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)