

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

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

Mailing Address

P.O. Box 2086
Key West, FL 33045

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

926 Truman Ave.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Key West, FL

Zip
33040Country
USA

4. FEI Number

65-104 0684

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0045949

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

(Print or typed or printed name of registered agent and title if applicable.)

(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 State10. Election Campaign Financing
Trust Fund Contribution: ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **Kelly, Kathleen**
STREET ADDRESS **19141 Rocky Rd.**
CITY-STATE-ZIP **Sugarloaf Key, FL 33042**TITLE **D** ☐ Delete
NAME **Boa, Sheri**
STREET ADDRESS **1321 George St.**
CITY-STATE-ZIP **Key West, FL 33040**TITLE **D** ☒ Delete
NAME **MacDermott, Jay**
STREET ADDRESS **PO Box 2086**
CITY-STATE-ZIP **Key West, FL 33045**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☒ Change ☐ Addition
NAME **Kelly, Kathleen**
STREET ADDRESS **19141 Rocky Rd.**
CITY-STATE-ZIP **Sugarloaf Key, FL 33042**TITLE **VP S T D** ☒ Change ☐ Addition
NAME **Boa, Sheri**
STREET ADDRESS **1321 George St.**
CITY-STATE-ZIP **Key West, FL 33040**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Kathleen V. Kelly* 3/31/01 244-9118
Date Daytime Phone #

CR2E034 (11/00)