

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083525
 1. Entity Name
KEY LIME PIE COMPANY

Amended

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -6 AM 10:42

Principal Place of Business Mailing Address
 500 Truman Ave., #7
 Key West, FL 33040

2. Principal Place of Business 3. Mailing Address
 500 Truman Ave. 926 Truman Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #7

City & State City & State
 Key West FL Key West FL
 Zip Country Zip Country
 33040 Monroe 33040 Monroe

4. FEI Number Applied For
 65-1040684 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Albert L. Kelley
 926 Truman Ave.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P S T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rispoli, Jerry	
STREET ADDRESS	500 Truman Ave., #7	
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: *Jerry Rispoli* President 10/30/01 296 3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)