2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083525

Amended

1. Entity Name

KEY LIME PIE COMPANY

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

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

Mailing Address:

2. Principal Place of Business: 500 Truman Ave.
Suite, Apt. #, etc.: #7
City & State: Key West FL
Zip: 33040 Country: Monroe

3. Mailing Address: 926 Truman Ave.
Suite, Apt. #, etc.:
City & State: Key West FL
Zip: 33040 Country: Monroe

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1040684 — Applied For / Not Applicable

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

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
P D Kelly, Kathleen 19141 Rocky Rd. Sugarloaf Key, FL 33042	☒
VP S T D Boa, Sherri 1321 George St. Key West, FL 33040	☒
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
P S T D Rispoli, Jerry 500 Truman Ave., #7 Key West, FL 33040	☐	X
	☐	☐
	☐	☐
700004693547--1 -11/30/01--01014--011 *****51.25 *****51.25	☐	☐
	☐	☐
	☐	☐

CR2E034 (11/00)

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.

SIGNATURE: [signature] President 10/30/01 2963879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #