

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91152 011 ***150.00

DOCUMENT # P00000083525

1. Entity Name
KEY LIME PIE COMPANY

Principal Place of Business

500 TRUMAN AVE #7
KEY WEST FL 33040

Mailing Address

926 TRUMAN AVENUE
KEY WEST FL 33040

2. Principal Place of Business

SAME

3. Mailing Address

500 TRUMAN AVE #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Key West FL

Zip

Country

Zip
33040

Country
USA

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

KELLEY, ALBERT J
926 TRUMAN AVENUE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
John R. Collins

Street Address (P.O. Box Number is Not Acceptable)
241 TRUMBO ROAD

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 *John R. Collins*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **KELLY, KATHLEEN**
STREET ADDRESS **19141 ROCKY ROAD**
CITY-ST-ZIP **SUGARLOAF KEY FL 33042**

TITLE **D** ☒ Delete
NAME **MACDERMOTT, JAY**
STREET ADDRESS **BOX 2086**
CITY-ST-ZIP **KEY WEST FL 33045**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D.** ☒ Change ☐ Addition
NAME **RISPOLI, JERRY**
STREET ADDRESS **3013 AIRPORT BOULEVARD**
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *John R. Collins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/02 **305 296 3879**
 Date Daytime Phone #

CR2E034 (9/01)