## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000096742 **DOCUMENT #**

1. Entity Name

FLORIDA KEYS TRANSPORTATION OF MONROE COUNTY, IN

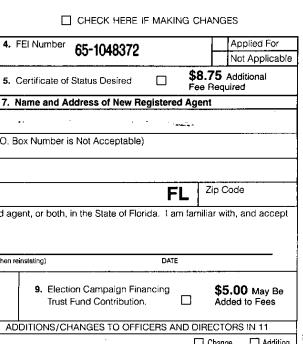


Principal Place of Business Mailing Address 6631 MALONEY AVE 6631 MALONEY AVE KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-1048372 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAUNDERS, SCOTT A C.P.A. Street Address (P.O. Box Number is Not Acceptable) 6631 MALONEY AVE KEY WEST FL 33040 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. PD

☐ D-1-4-

## **FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90107 004 \*\*\*150.00



NAME STREET ADDRESS CITY-ST-ZIP	DOELMAN, JAN 615 AMELIA STREET KEY WEST FL 33040	Delete	NAME STREET ADDRESS CITY-ST-ZIP		Onlings	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAUNDERS, SCOTT A FOUR COCONUT DRIVE KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Austin, John 616 Virginia Street Key West Fl 33040	Delete	TITLE NAME "Street address" City-St-Zip	D GLEAN STEVENSEN 6,5 AMELIA STREET KEY WEST, FL 3304	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	Addition

12. 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 10 or Block 11 in changed, or on an attachment with an apprecia, with all other like empowered.