

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099241

1. Entity Name

KEYS INSURANCE AGENCY, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90248 027 \*\*\*150.00

Principal Place of Business

5800 OVERSEAS HIGHWAY #43  
MARATHON FL 33050

Mailing Address

5800 OVERSEAS HIGHWAY #43  
MARATHON FL 33050

2. Principal Place of Business

99451 Overseas Highway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Zip Country

33037 Monroe

4. FEI Number

65-1049816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WAYNE L ESQ.  
330 WHITEHEAD STREET  
SUITE 201  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

City

90

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	D	<input type="checkbox"/> Delete
NAME	LETT, EDWARD V	
STREET ADDRESS	99451 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL 33037	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derek Martin-Vegue	
STREET ADDRESS	5800 Overseas Highway, #43	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Kevin Martin-Vegue	
STREET ADDRESS	5800 Overseas Highway, #43	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Cindy Perry	
STREET ADDRESS	5800 Overseas Highway, #43	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D David P. Johnson	
STREET ADDRESS	99451 Overseas Highway	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Hunter Padgett	
STREET ADDRESS	99451 Overseas Highway	
CITY-ST-ZIP	Key Largo, FL 33037	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)