

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100692

1. Entity Name

INTERNET REALTY/FLORIDA KEYS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90061 036 ***150.00

Principal Place of Business

24752 OVER SEAS HWY. PERIWINKLE PLAZA
SUMMERLAND KEY FL 33042

Mailing Address

P.O. BOX 420148
SUMMERLAND KEY FL 33042

2. Principal Place of Business

24752 OVERSEAS HWY

3. Mailing Address

PO BOX 420148

Suite, Apt. #, etc.

PERIWINKLE PLAZA

Suite, Apt. #, etc.

N/A

City & State

SUMMERLAND KEY, FL.

City & State

SUMMERLAND KEY FL.

Zip

33042

Country

U.S.A.

Zip

33042

Country

U.S.A.

4. FEI Number

65-1068358

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLAREN, GREGORY
24752 OVER SEAS HWY, PERIWINKLE PLAZA
SUMMERLAND KEY FL 33042

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
D MACLAREN, GREGORY 1315 UNITED ST KEY WEST FL 33040 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MACLAREN, DAWN 1315 UNITED ST KEY WEST FL 33040 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREGORY A. MACLAREN 1/15/01 305 745-9088

CR2E034 (10/00)