

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107189

1. Entity Name

FLORIDA KEYS ORIGINALS, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90034 006 \*\*\*150.00

0136166

Principal Place of Business

159 PLANTATION AVE  
TAVERNIER FL 33070

Mailing Address

P O BOX 867  
TAVERNIER FL 33070

2. Principal Place of Business

159 PLANTATION AVE

3. Mailing Address

PO Box 867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FLA

City & State

TAVERNIER

Zip

33070

Country

USA

Zip

33070

Country

USA

4. FEI Number

05-056388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATHER, PAMELA J  
159 PLANTATION AVE  
TAVERNIER FL 33070

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

*Pamela J Mather*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/01

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 PD  
NAME MATHER, PAMELA J  
STREET ADDRESS 159 PLANTATION AVE  
CITY-ST-ZIP TAVERNIER FL 33070 ☐ 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

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:

*Pamela J Mather*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

305-853-8300

Daytime Phone #

CR2E034 (10/00)