

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111639

Entity Name
JEFF'S UNDERWATER VIDEOS - KEY WEST INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90167 008 ***150.00

Principal Place of Business
1400 OLIVIA ST
KEY WEST FL 33040

Mailing Address
1400 OLIVIA ST
KEY WEST FL 33040



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARE, JEFFREY C
1400 OLIVIA ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, JEFFREY C 1400 OLIVIA ST KEY WEST FL 33040 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, ROSEMARY J 1400 OLIVIA ST KEY WEST FL 33040 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

FEB 6TH 2002 Date

305-292-1442 Daytime Phone #

CR2E034 (9/01)