**FILED** 

8/6/02 305-509-2/95
Date/ Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Aug 11, 2002 8:00 am Secretary of State P00000117959 DOCUMENT # 1. Entity Name 08-11-2002 90163 011 \*\*\*150.00 VISUAL IDEAS OF KEY WEST, INC. Mailing Address Principal Place of Business 1014 EDEN ST R0133840 1014 EDEN ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 2911 Staples QVR 3. Mailing Address 2911 Staples Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State KEY WEST 65-1065810 KEY WEST Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD H. HARRIS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17TH WAY FT LAUDERDALE FL 33309 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Presiden ☐ Delete TITLE NAME NAME Margaret J. RANDALL 2911 Staples AVE KEY WEST, FL 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 aupplemental 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attaching flight in an address, with all other like employered.

hest 100000117959

VISUAL IDEAS OF KEY WEST, INC. 2911 STAPLES AVE. KEY WEST, FLORIDA 33040-4042

August 6, 2002

State of Florida **Division of Corporations** P.O. Box 1500 Tallassee, FL 32302-1500

To Whom It May Concern:

I am the President and responsible party for Visual Ideas of Key West, Inc. I have been dealing with my husband's serious illness since January 2002 and he passed away on July 29th.

In going through my mail yesterday, I found the 2002 Uniform Business Report form that was forwarded from my previous address. I realize now that I neglected to file this return on time and ask that due to the extenuating circumstances, that you abate the penalty and accept my filing and check for \$150 at this time.

Thank you in advance.

Sincerely, Morgant Randell

Margaret A. Randall President,

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