2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2002 8:00 am Secretary of State

DOCUMENT # P01000019321 1. Entity Name					05-19-2002 90252 010 ***150.00			
FLORIDA	A KEYS DEVELOPMENT INC	•			•			
Principal Place of Business 5730 2ND AVENUE UNIT #1 KEY WEST FL 33040		Mailing Address 5730 2ND AVENUE UNIT #1 KEY WEST FL 33040						
2. Principal Place of Business		3. Mailing Address			-?			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State	-	1/2	FELNUMBER 076424	. —	pplied For lot Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current F	legistered Agent	Name		Name and Address of New Re	jistered Agent		
841 FOU	ATE CREATIONS NETWORK INC. RTH STREET #200 EACH FL 33139		Street	Address (P.O.	Box Number is Not Acceptable)			
	<u> </u>		G y	Key Was	ist-	FL Zip Go	CHV.	
Tax filing (See crite	Signature, typed or printed name of registered agent as orration is eligible to satisfy its Intangible requirement and elects to do so, rila on back)			1.00 i550.00	10. Election Campaign Finan Trust Fund Contribution.	· _ ~ ~	May Be	
11.	OFFICERS AND D	 	12.	AI	ODITIONS/CHANGES TO OFFICE	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELDON, FRANK L 5730 2ND AVENUE KEY WEST FL 33040	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymone 5730 an	nT/Treasurar 1 Voxouez 2d Ave. #1 + Fl 33040	Change	Addition Addition	
TITLE Name Street address City-St-Zip	SD SIMONS, STEPHEN M 5730 2ND AVENUE KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5730 6	sident Vazouez Ind Ave#1 Dest FL 33040	⊠ Change	Addition	
TITLE NAME———— STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secreta Stephen	M. Simons and Ave	∑ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keyli	lest, FL 33040	☐ Change	Addition	
itle Lame Itreet address HTY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE Hame Treet address HTY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
	ertify that the information supplied with the on this report or supplemental report is the obstacles of the empower of the emp							