

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90053 043 ***150.00

DOCUMENT # P01000041494

1. Entity Name
KEY WEST SANDALS, INC

Principal Place of Business

**681 SW ASTER RD
 PORT ST LUCIE FL 34953**

Mailing Address

**681 SW ASTER RD
 PORT ST LUCIE FL 34953**

2. Principal Place of Business

8743 South US 1
 Suite, Apt. #, etc.

3. Mailing Address

8743 South US 1
 Suite, Apt. #, etc.

City & State
Port St. Lucie

City & State
Port St. Lucie

4. FEIN Number
65-1096147

Applied For
 Not Applicable

Zip
34952

Country
ST. Lucie

Zip
34952

Country
ST. Lucie

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

6. Name and Address of Current Registered Agent

**PEPITONE, BYRON V
 681 SW ASTER RD
 PORT ST LUCIE FL 34953**

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 **Byron V. Pepitone**

4/15/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEPITONE, DEBORAH R | |
| STREET ADDRESS | 681 SW ASTER RD | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEPITONE, BYRON II | |
| STREET ADDRESS | 681 SW ASTER RD | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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 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: **Byron V. Pepitone**

4/15/02 772-344-3340

Date Daytime Phone #

CR2E034 (9/01)