

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90053 020 ***150.00

DOCUMENT # P01000068148

1. Entity Name

GOLDEN KEY REALTY OF ORLANDO, INC.

Principal Place of Business

**6750 FORUM DRIVE STE 314A
 ORLANDO FL 32821**

Mailing Address

**6750 FORUM DRIVE STE 314A
 ORLANDO FL 32821**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2442 SAND LAKE ROAD

Suite, Apt. #, etc.

2442 Sand Lake Rd

City & State

Orlando FL

City & State

Orlando FL

Zip

32809-9121

Country

USA

Zip

32809-9121

Country

USA

4. FEI Number

59-3731653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PEER, APRIL B

**6750 FORUM DRIVE STE 314A
 ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name

CHRISTINA CARRACEDO

Street Address (P.O. Box Number is Not Acceptable)

2442 SAND LAKE ROAD

City

Orlando FL

FL

Zip Code

32809-9121

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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** ☐ Delete
 NAME **PROFENNO, JENNIFER**
 STREET ADDRESS **6750 FORUM DRIVE STE 314A**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
 NAME **PEER, APRIL B**
 STREET ADDRESS **6750 FORUM DRIVE STE 314A**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PROFENNO, JENNIFER** ☒ Change ☐ Addition
 NAME **PROFENNO, JENNIFER**
 STREET ADDRESS **2442 SAND LAKE RD**
 CITY-ST-ZIP **ORLANDO, FL 32809-9121**

TITLE **M** ☒ Change ☐ Addition
 NAME **CHRISTINA CARRACEDO, CHRISTINA**
 STREET ADDRESS **2442 SAND LAKE RD**
 CITY-ST-ZIP **ORLANDO FL 32809-9121**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)