FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90502 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077030 YEAR 2 0 0 2 ✓

1. Entity Name

KEY WEST RECIPES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
806 FLORIDA STREET Suite, Apt. #, etc. SUITE 2	PO BOX 333 Suite, Apt. #, etc.
City & State KEY WEST	City & State KEY WEST
Zip 33040 Country	Zip 33041-0333 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124514 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRUCE RITSON

Street Address (P.O. Box Number is Not Acceptable): 513 WHITEHEAD STREET

City: KEY WEST FL Zip Code: 33040

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALTON A SHORT 806 FLORIDA ST STE 2 KEY WEST FL 33040
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walton A. Short WALTON A SHORT, PRESIDENT 04/30/2002 305/296-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #