

4/9/1

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90034 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078117

1. Entity Name

JIMMY KEYS, INC.

Principal Place of Business
 4788 ALBERTON CT., #2902
 NAPLES FL 34105

Mailing Address
 4788 ALBERTON CT., #2902
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3756413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KEYS, JAMES
 4788 ALBERTON CT., #2902
 NAPLES FL 34105

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KEYS, JAMES
 CITY-ST-ZIP 4788 ALBERTON CT., #2902
 NAPLES FL 34105

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KEYS

3/30/02

941-403-7284

Date

Daytime Phone #

CP2E034 (9/01)

Attachment #
JAMES KEYS

4/24/02

PD1000078117

(JIMMY KEYS INC)

4788 ALBERTON COURT,

#2902,

NAPLES, FL 34105.

28214

Ref # P01000078117.

Dear Madam/Sir,

Please find enclosed the duly completed Block 4

(of the Annual Report / Business Report) with my Federal Employer Identification
(FEI) number which is 59-3756413.

I apologize for omitting this from the form before.

Yours Sincerely,



JAMES KEYS

(JIMMY KEYS INC)