2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000078117

1. Entity Name

JIMMY KEYS, INC.



Principal Place of Business 4788 ALBERTON CT. #2902 Mailing Address

4788 ALBERTON CT., #2902

Apr 07, 2003 8:00 am Secretary of State **FILED**

04-07-2003 90158 045 ***150.00

NAPLES FL 34105			NAPLES FL 34105									
2. Principal Place of Business			3. Mailing Address								01 (1011) 1801 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\dashv	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 59-3756413 Applied For Not Applicab				
Zip Country			Zip		Coun	Country		Certificate of Status Desired		8.75 A	dditional	1
6. Name and Address of Current				ed Agent			7. Name and Address of New Registered Agent					
=	- -		~7.5			Name 1	-	The second of th				1
KEYS, JA				Street Add			ess (P.O. Box Number is Not Acceptable)					┨
4788 ALBERTON CT., #2902											╛	
NAPLES F	FL 34105											İ
						City			FL	Zip Co	de .	1
			or the purp	oose of changing its	registere	d office or regi	istered ag	ent, or both, in the State of Florida	. I am far	niliar with	, and accept	1
the obligati	ions of registe	ered agent.										l
SIGNATURE .												ļ
	Signature, typed o	or printed name of registered agent	and title if app	dicable. (NOTE	: Registered	Agent signature rec	quired when re	einstating)	DATE			1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			f State	State				Election Campaign Finance Trust Fund Contribution.	ing 🔲		00 May Be ed to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		ΑC	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 11	1
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NAME	KEYS, JAN				NAME	I						
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PE REQUIRTATES KEYS

239-403-7284

Daytime Phone #