

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90129 013 \*\*\*158.75

**DOCUMENT # P01000078838**

1. Entity Name  
**TECO OF KEY WEST, INC.**

Principal Place of Business  
**1800 ATLANTIC BLVD., UNIT 214-A**  
**KEY WEST FL 33040**

Mailing Address  
**1800 ATLANTIC BLVD., UNIT 214-A**  
**KEY WEST FL 33040**

**980088**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**P.O. Box 2268**

3. Mailing Address  
**P.O. Box 2268**

City & State  
**Key West FL**  
 Zip  
**33045**  
 Country  
**Monroe**

City & State  
**Key West FL**  
 Zip  
**33045**  
 Country  
**Monroe**

4. FEI Number  
**65-1128808**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENE, B. TERRI**  
**1800 ATLANTIC BLVD., UNIT 214-A**  
**KEY WEST FL 33040**

**7. Name and Address of New Registered Agent**

Name  
**Greene, B. Terri**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4 Spoonbill Way**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **B. Terri Greene**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-10-02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GREENE, B. TERRI</b><br><b>1800 ATLANTIC BLVD., UNIT 214-A</b><br><b>KEY WEST FL 33040</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P, V, T, S</b><br><b>Greene, B. Terri</b><br><b>P.O. Box 2268</b><br><b>Key West, FL 33045</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **B. Terri Greene**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-02** **(305) 295-2511**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
980088  
DOI 006078838

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# Memorandum

To: DIVISION OF CORPORATIONS - FLORIDA  
CC:  
From: B. TERRI GREENE, PRESIDENT  
Date: 9/10/02  
Re: 2002 UBR FOR TECO OF KEY WEST, INC.

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TO WHOM IT MAY CONCERN:

THE CORPORATION DID NOT RECEIVE THE PRIOR NOTICE AND IS REQUESTING THE LATE FEE IN THE AMOUNT OF \$400.00 BE WAIVED. ENCLOSED IS OUR FED EXPRESSED UBR DOCUMENTS REQUIRED ALONG WITH A COMPANY CHECK IN THE AMOUNT OF \$158.75 (\$150.00 FILING FEE AND 8.75 FOR A CERTIFICATE OF STATUS). PLEASE CONTACT ME AT (305) 295-2511 IF YOU HAVE ANY QUESTIONS, OR IF YOU NEED ANYTHING ELSE.

SINCERELY,

*B. Terri Greene*

B. TERRI GREENE

*President*