

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0199191 AV

DOCUMENT # **P02000016387**

1. Entity Name  
**ENDLESS SUMMER OF THE FLORIDA KEYS, INC.**



04-14-2003 90070 028 \*\*\*150.00

Principal Place of Business  
**172 INDIAN MOUND TRAIL  
TAVERNIER FL 33070**

Mailing Address  
**172 INDIAN MOUND TRAIL  
TAVERNIER FL 33070**



2. Principal Place of Business  
**172 Indian Mound Trail**  
Suite, Apt. #, etc.

3. Mailing Address  
**(Same)**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tavernier FL**

City & State

4. FEI Number  
**N/A**

Applied For  
 Not Applicable

Zip  
**33070**

Country  
**USA**

Zip  
**33070**

Country

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

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

**HAMPSON, JACKIE  
172 INDIAN MOUND TRAIL  
TAVERNIER FL 33070**

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

Name  
**N/A**

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

City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	TIM HAMPSON	172 Indian Mound Trail	Tavernier, FL 33070		
VICE President	JACKIE HAMPSON	172 Indian Mound Trl	Tavernier, FL 33070		

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.

SIGNATURE: **(Signature)** **4/10/03 - 305-852-7866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JACKIE E. HAMPSON** Date Daytime Phone #

CR2E034 (10/02)