

# 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.



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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		PRESIDENT	
STREET ADDRESS		TIM HAMPSON	
CITY-ST-ZIP		172 Indian Mound Trail	
		Tavernier, FL 33070	
TITLE	<input type="checkbox"/> Delete	VICE President	<input checked="" type="checkbox"/> Addition
NAME		JACKIE HAMPSON	
STREET ADDRESS		172 Indian Mound Trl	
CITY-ST-ZIP		Tavernier, FL 33070	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Jackie Hampson SIGNATURE REQUIRED: Jackie Hampson DATE: 4/10/03 DAYTIME PHONE: 305-852-7866

CR2E034 (10/02)