

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0180461 AV

**DOCUMENT # P02000020964**

1. Entity Name  
**KEY TO KEY SHELTIES, INC.**



04-16-2003 90242 047 \*\*\*150.00

Principal Place of Business  
**4681 OVERSEAS HIGHWAY  
MARATHON FL 33050**

Mailing Address  
**4681 OVERSEAS HIGHWAY  
MARATHON FL 33050**

100-10207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Number

**30-0046262**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IGLESIAS, ADOLFO E  
13501 S.W. 128TH STREET  
SUITE 208  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **DONNA BJARNSON**

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

**4681 OVERSEAS Highway**

City **MARATHON,**

**FL**

Zip Code **33050**

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 **Donna Bjarnson, DONNA BJARNSON**

**4-11-03**

Signature, typed or printed name of registered agent and title if applicable.

(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 **PRESIDENT** ☐ Delete  
NAME **DONNA BJARNSON**  
STREET ADDRESS **4681 OVERSEAS Hwy**  
CITY-ST-ZIP **MARATHON, FL 33050**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **RAICISH BJARNSON**  
STREET ADDRESS **4681 OVERSEAS Highway**  
CITY-ST-ZIP **MARATHON, FL 33050**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 **Donna Bjarnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03**

Date

**305-289-0505**

Daytime Phone #

CR2E034 (10/02)