

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90047 002 ***150.00

DOCUMENT # P02000048253

1. Entity Name
KEYS SHIP SHAPE SERVICE, INC.



Principal Place of Business
90800 US1
~~NO 5~~
TAVERNIER FL 33070

Mailing Address
90800 US1
NO 5
TAVERNIER FL 33070



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

90800 US1

3. Mailing Address

Suite, Apt. #, etc.
Bldg #1

City & State
TAVERNIER FL

City & State

4. FEI Number
01-0682461

☒ Applied For
☐ Not Applicable

Zip
33070 Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

SARDINAS, CARLOS A
90800 US1
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name
SARDINAS, CARLOS A.
Street Address (P.O. Box Number is Not Acceptable)
186 ARBOR LN.
City
TAVERNIER FL 33070

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 **Carlos A. SARDINAS**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-4-03
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	P SARDINAS, CARLOS A 186 ARBOR LN. TAVERNIER FL 33070	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Carlos A. SARDINAS** **1-4-02 (605) 852-0890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)