

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064217

1. Entity Name
ISLAND EYES OF THE KEYS, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 049 ***150.00

0178985
AV

Principal Place of Business
106580 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address
106580 OVERSEAS HIGHWAY
KEY LARGO FL 33037



2. Principal Place of Business

3. Mailing Address

P.O. Box 373163

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

KEY LARGO, FL.

4. FEI Number

010721534

Applied For

Not Applicable

Zip

Country

Zip

33037

Country

Monroe

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSON, ROBERT F JR.
274 ST. THOMAS AVENUE
KEY LARGO FL 33037

66 Behrman Av.

Name

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENSON, ROBERT F JR.
274 ST. THOMAS AVENUE
KEY LARGO FL 33037
66 Behrman Av.

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMSON, CHRIS T
15 GARDEN COVE DRIVE
KEY LARGO FL 33037

☐ Delete

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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:

Robert F. Henson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-03 (305) 453-9857

CR2E034 (10/02)