## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90177 009 \*\*\*150.00

UNIFORM	<b>BUSINESS REPORT</b>	(4	JΒ
DOCUMENT #	P02000075480	7	

1. Entity Name

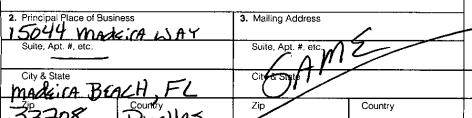
CAROL'S IN THE KEYS, INC.

DBA CAROL'S STILL Grill

Principal Place of Business 15044 MADEIRA WAY MADEIRA BEACH FL 33708 Mailing Address

15044 MADEIRA WAY MADEIRA BEACH FL 33708

6. Name and Address of Current Registered Agent



hent for the durpose/o

4. FEI Number 05-3304099 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

7. Name and Address of New Registered Agent

WRIGHT, THOMAS D 9711 OVERSEAS HWY. MARATHON FL 33050

8. The above named entity submits this s

the obligations of registered age

Signature to

Street Address IP.O. Box Number is Not Acceptable

f changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

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

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** ☐ Delete TITLE TITLE ☐ Addition HUBER, CAROL L. 15044 MAREITA WAY HUBER, CAROL L NAME NAME STREET ADDRESS 13351 OVERSEAS HWY. STREET ADDRESS MADEIRA BEACH, FZ 33 MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MAROL L. HUBER ☐ Addition HUBER, CAROL L NAME NAME 15044 madgiRA WAY 13351 OVERSEAS HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE Delete --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NOTE: Registered Agent signature required when reinstating

12. I hereby certify that the information supplied with this fling 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 the true shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee emboyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with an empoyarist.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)