

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093823

1. Entity Name
KEY DEER ENTERPRISES, INC.



03 OCT 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~8004 OVERSEAS HIGHWAY~~
BIG PINE KEY FL 33043

Mailing Address
20974 7TH AVE. W.
CUDJOE KEY FL 33042



REINSTATEMENT 2003
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

31044 AV. B

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

BIG PINE KEY

Suite, Apt. #, etc.

ABOVE

City & State

FL

City & State

4. FEI Number

810568522

Applied For

Not Applicable

Zip

33043

Country

USA

Zip

Country

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

MCLAUGHLIN, GEORGE D JR.

20974 7TH AVE. W.

CUDJOE KEY FL 33042

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 P
NAME MCLAUGHLIN, GEORGE D JR.
STREET ADDRESS 20974 7TH AVE. W.
CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
10/15/03--01024--002 **\$750.00

TITLE VP
NAME VERCHOT, JEFFREY P
STREET ADDRESS 845 BRIAR AVE.
CITY-ST-ZIP TOMS RIVER NJ 08753 ☒ Delete

TITLE VP
NAME MCLAUGHLIN, GEORGE D. SR.
STREET ADDRESS 20974 7TH AVE W
CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-872-1014

CR2E034 (4/03)