

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000095442

FILED  
Mar 12, 2003  
Secretary of State

Entity Name: C & N KEY WEST FLORIDA, INC.

## Current Principal Place of Business:

135 W. GENEVA STREET  
ELKHORN, WI 53121

## New Principal Place of Business:

404 SOUTHARD STREET  
KEY WEST, FL 33040

## Current Mailing Address:

135 W. GENEVA STREET  
ELKHORN, WI 53121

## New Mailing Address:

P.O. BOX 87  
EGG HARBOR, WI 54209

FEI Number: 75-3077894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: POLLMAN, NOREEN  
Address: 7105 COUNTY B  
City-St-Zip: EGG HARBOR, WI 54235

Title: SD ( ) Delete  
Name: POLLMAN, DAVID R  
Address: 7791 EGG HARBOR ROAD  
City-St-Zip: EGG HARBOR, WI 54209

Title: VD ( ) Delete  
Name: POLLMAN, ROBERT P  
Address: 5686 DAUBNER LANE  
City-St-Zip: STURGEON BAY, WI 54235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOREEN POLLMAN

PTD

03/12/2003

Electronic Signature of Signing Officer or Director

Date