2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000051623** Mar 02, 2000 8:00 am **Secretary of State** FL. KEYS JEWELRY & PAWN, INC. 03-02-2000 90179 037 ***150.00 Mailing Address Principal Place of Business 2318 N ROOSEVELT BLVD 2318 N ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040-3836 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0421926 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALLARMAN, KAYLEEN S ddress (P.O. Box Number is Not Acceptable) 201 FRONT STREET STE-209* KEY WEST FL-33040 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME CALLARMAN, KAYLEEN S STREET ADDRESS 201 FRONT ST., STE 209 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY-WEST-FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE CALLARMAN, KURT D NAME NAME STREET ADDRESS STREET ADDRESS 2318 N ROOSEVELT BLVD CITY - ST - ZIP CITY-ST-ZIP **KEY WEST FL** ☐ Change Addition VICE President ☐ Delete TITLE Andrew Barrers NAME Rosevel Burl 2318 N. Roosevelt Blue STREET ADDRESS STREET ADDRESS 33040 CITY-ST-ZIP CITY-ST-ZIP Key Wess Fle Change ☐ Addition ☐ Delete TITLE TITLE 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 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP