

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**  
 08-21-2000 90208 002 \*\*\*550.00

**DOCUMENT # P93000052340**

1. Entity Name  
**THE MORTGAGE COMPANY OF THE KEYS, INC.**

Principal Place of Business  
**3706-F N ROOSEVELT BLVD  
 KEY W FL 33040**

Mailing Address  
**3706-F N ROOSEVELT BLVD  
 KEY W FL 33040**

**A0073544**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0429096**

Applied For  
 Not Applicable

Zip Country 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

**BLACKBURN, JOSEPH A. JR.  
 20761 2ND AVE. W.  
 CUDJOE KEY FL 33042**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1221 20th STREET**  
 City **KEY WEST** FL Zip Code **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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLACKBURN, JOSEPH A JR.</b>		NAME		
STREET ADDRESS	<b>20761 2ND AVE. W.</b>		STREET ADDRESS	<b>1221 20th STREET</b>	
CITY-ST-ZIP	<b>CUDJOE KEY FL</b>		CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLACKBURN, DIANE H</b>		NAME		
STREET ADDRESS	<b>20761 2ND AVE. W.</b>		STREET ADDRESS	<b>1221 20th STREET</b>	
CITY-ST-ZIP	<b>CUDJOE KEY FL</b>		CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: **JOSEPH A. BLACKBURN JR** 8-15-00 305 292 3233  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)