

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086781

1. Entity Name

GOLDKEY ASSOCIATED, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90055 017 \*\*\*150.00

Principal Place of Business

1445 COX RD  
SUITE 2  
COCOA FL 32923  
US

Mailing Address

4323 DAVIDA DR  
SUITE 2  
MELBOURNE FL 32934-8608  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3218408

Applied For

Not Applicable

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

MOSLEY, CURTIS R  
1221 E. NEW HAVEN AVE.  
MELBOURNE FL 32901

Name CHARLES BOUDREAU  
Street Address (P.O. Box Number is Not Acceptable)  
4232 DAVIDA DR  
City MELBOURNE FL Zip Code 32934

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 [Signature] 3/18/00

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUDREAU, CHARLES</b> 1445 COX RD COCOA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4232 DAVIDA DR</b> <b>MELBOURNE, FL 32934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUDREAU, JANE E</b> 1445 COX RD COCOA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4232 DAVIDA DR.</b> <b>MELBOURNE, FL 32934</b>
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00

Date

(321) 253-2059

Daytime Phone #

CR2E034 (9/99)