

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036051

1. Entity Name

KEY WEST KITCHENS, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90023 030 \*\*\*150.00

0549196

Principal Place of Business  
6445 S. OLD FLORAL CITY ROAD  
FLORAL CITY FL 32536

Mailing Address  
6445 S. OLD FLORAL CITY ROAD  
FLORAL CITY FL 32536

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3250055** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGLYND, STEFANIE  
6445 S. OLD FLORAL CITY RD  
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2001 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	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGLUND, STEFANIE	NAME	
STREET ADDRESS	6445 S OLD FLORAL CITY RD	STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, FRANK E JR.	NAME	
STREET ADDRESS	7220 S.W. 19TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGLUND, DAN	NAME	
STREET ADDRESS	127 MOCKINGBIRD LANE	STREET ADDRESS	
CITY-ST-ZIP	OAKRIDGE TN	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	
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	
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)(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

3/18/01

Date

352 3444702

Daytime Phone #

CR2E034 (10/00)