

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90403 001 ***150.00

DOCUMENT # P94000058615

1. Entity Name
KEY LIME HOMES, INC.



Principal Place of Business
447 VALPARAISE PKWY
VALPARAISO FL 32580
US

Mailing Address
447 VALPARAISE PKWY
VALPARAISO FL 32580
US

2. Principal Place of Business

447 Valparaiso Pkwy

Suite, Apt. #, etc.

3. Mailing Address

447 Valparaiso Pkwy

Suite, Apt. #, etc.

City & State
Valparaiso FL

City & State
Valparaiso FL

Zip
32580

Country
USA

Zip
32580

Country
USA

4. FEI Number **59-3263158**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, R V
447 VALPARAISO PKWY
VALPARAISO FL 32580

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SCHROEDER, R V**
STREET ADDRESS **447 VALPARAISO PKWY**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE **VP** ☐ Delete
NAME **MILLER, LYMAN S. J**
STREET ADDRESS **447 VALPARAISO PKWY**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.18.03

Date

Daytime Phone #

CR2E034 (10/02)