

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90359 018 \*\*\*150.00

**DOCUMENT # P94000060858**

1. Entity Name  
**GOLD KEY REALTY, INC.**

Principal Place of Business  
**2321 STATE ROAD 580**  
**SUITE 105**  
**CLEARWATER FL 33763**

Mailing Address  
**240 WINDWARD PASSAGE**  
**APT #501**  
**CLEARWATER FL 33767**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*240 Windward Psg.*  
 Suite, Apt. #, etc.  
*501*

3. Mailing Address  
*240 Windward Psg.*  
 Suite, Apt. #, etc.  
*501*

City & State  
*Clearwater, Fl.*  
 Zip  
*33767* Country  
*Pinellas*

City & State  
*Clearwater*  
 Zip  
*Fl. 33767* Country  
*Pinellas*

4. FEI Number **59-3264829** 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**

~~AYALA, JANICE D.~~  
~~2321 STATE ROAD 580~~  
~~SUITE 105~~  
~~CLEARWATER FL 34623~~

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 *Janice D. Ayala*  
 JANICE D. AYALA

*3/1/2002*  
 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, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>AYALA, JANICE D</b>
STREET ADDRESS	<b>240 WINDWARD PASSAGE #501</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33767-3358</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, DONNA C</b>
STREET ADDRESS	<b>121 N OSCEOLA AVE., SUITE 300</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Janice D. Ayala*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/2002*  
 Date

*127-441-1835*  
 Daytime Phone #

CR2E034 (9/01)