


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90268 031 ***150.00

DOCUMENT # P94000060858

1. Entity Name
GOLD KEY REALTY, INC.



Principal Place of Business
**240 WINDWARD PSG.
SUITE 105
CLEARWATER FL 33767**

Mailing Address
**240 WINDWARD PSG.
SUITE 105
CLEARWATER FL 33767**

11U1542U



2. Principal Place of Business
4698 Ayrton Terrace
Suite, Apt. #, etc.

3. Mailing Address
4698 Ayrton Terrace
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34685

Country
USA

Zip
34685

Country
USA

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

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

7. Name and Address of New Registered Agent

Name
~~Janice D. Ayala~~

Street Address (P.O. Box Number is Not Acceptable)
4698 Ayrton Terrace

City
Palm Harbor

City
FL

Zip Code
34685

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 *Janice D. Ayala* DATE **3-30-2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D AYALA, Janice D. 4698 Ayrton Terrace Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice D. Ayala* DATE: **3-30-03** DAYTIME PHONE: **727-797-5592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)