

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90110 039 ***150.00

0120511

DOCUMENT # P95000061153

1. Entity Name

DESTINATION PARADISE FLORIDA KEYS, INC.

Principal Place of Business

12650 OVERSEAS HIGHWAY, SUITE 1
 MARATHON FL 33050

Mailing Address

POST OFFICE BOX 504443
 MARATHON FL 33050

C0047862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

565 95TH ST OCEAN

3. Mailing Address

PO BOX 504443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

City & State

MARATHON, FLORIDA

4. FEI Number

65-0601207

Applied For

Not Applicable

Zip

33050

Country

US

Zip

33050

Country

US

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

KELLER, JAMES R ESQ
5198 OVERSEAS HIGHWAY
MARATHON FL 33050

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	PD	<input type="checkbox"/> Delete
NAME	GARNEAU, NANCY	
STREET ADDRESS	12650 OVERSEAS HIGHWAY, SUITE 1	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GARNEAU, PAUL R	
STREET ADDRESS	12650 OVERSEAS HIGHWAY, SUITE 1	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D GARNEAU, JEAN	<input type="checkbox"/> Delete
NAME	GARNEAU, JEAN	
STREET ADDRESS	706 SKYLINE COURT	
CITY-ST-ZIP	VIENNA VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	565 95TH ST OCEAN	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	565 95TH ST OCEAN	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul Garneau **PAUL GARNEAU** **4-8-01** **305 289-1440**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)