

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90050 018 \*\*\*158.75

**DOCUMENT # P95000091904**



1. Entity Name  
**CASA KEY WEST, INC.**

Principal Place of Business  
**811 WASHINGTON STREET  
KEY WEST FL 33040**

Mailing Address  
**811 WASHINGTON STREET  
KEY WEST FL 33040**

**J0000106**



2. Principal Place of Business  
**509 South St**  
Suite, Apt. #, etc.

3. Mailing Address  
**509 South St**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Key West FL**  
Zip  
**33040** Country  
**monroe**

City & State  
**Key West FL**  
Zip  
**33040** Country  
**monroe**

4. FEI Number **65-0623146**

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

**MOORE, JOYCE P.  
811 WASHINGTON STREET  
KEY WEST FL 33040**

Name **moore, Joyce P**  
Street Address (P.O. Box Number is Not Acceptable)  
**509 South St**  
City **Key West** FL Zip Code **33040**

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  **Joyce P Moore** DATE **1-17-03**

**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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MOORE, JOYCE P</b>	
STREET ADDRESS <b>811 WASHINGTON STREET</b>	
CITY-ST-ZIP <b>KEY WEST FL 33040</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FAZIO, CRAIG</b>	
STREET ADDRESS <b>811 WASHINGTON STREET</b>	
CITY-ST-ZIP <b>KEY WEST FL 33040</b>	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, JOYCE P</b>	
STREET ADDRESS <b>509 South St</b>	
CITY-ST-ZIP <b>Key West, FL 33040</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FAZIO, CRAIG</b>	
STREET ADDRESS <b>509 South St</b>	
CITY-ST-ZIP <b>Key West, FL 33040</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **Joyce P Moore** DATE **1-17-03** 305 Daytime Phone # **792-3397**

CR2E034 (10/02)