

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90088 021 ***150.00

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DOCUMENT # P96000005614

1. Entity Name

YOUR OTHER OFFICE IN THE KEYS, INC.

Principal Place of Business

171 HOOD AVE., STE. 11
TAVERNIER FL 33070

Mailing Address

171 HOOD AVE., STE. 11
TAVERNIER FL 33070

effective 2-1-2002 - new physical & mailing

2. Principal Place of Business

3. Mailing Address

93001 Overseas Hwy

P.O. Box 9443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

Tavernier, FL

4. FEI Number

65-0633829

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

CARLEY, CYNTHIA L
171 HOOD AVE., STE. 11
TAVERNIER FL 33070

Name Cynthia L. Carley

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

93001 Overseas Hwy

City

Tavernier

FL

Zip Code

33070

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

Cynthia L. Carley Cynthia L. Carley, President 1-15-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2002

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO CARLEY, FLOYD G 109 W. PLAZA GRANADA ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CARLEY, SHARON L 109 W. PLAZA GRANADA ISLAMORADA FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLEY, CYNTHIA L 140 TAVERN DR TAVERNIER FL 33070	<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

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
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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

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:

Cynthia L. Carley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002 305-852-6233

Date

Daytime Phone #

CR2E034 (9/01)