

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0166240 AV

02-04-2002 90180 006 ***150.00

DOCUMENT # P96000039619

1. Entity Name
BOULEVARD AUTO SALES OF THE KEYS, INC.

Principal Place of Business
24844 OVERSEAS HWY
SUMMERLAND KEY FL 33042
US

Mailing Address
23093 WAHOO LANE
CUDJOE KEY FL 33042



2. Principal Place of Business

3. Mailing Address

24844 Overseas Hwy
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Summerland Key FL

City & State

4. FEI Number **65-0701086**

Applied For
Not Applicable

Zip **33042** **County** **Monroe**

Zip **Country**

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

PETTKUS, SUSEN
23093 WAHOO LANE
CUDJOE KEY FL 33042

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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 ☐ **Delete**
NAME **D PETTKUS, SUSEN**
STREET ADDRESS **23093 WAHOO LANE**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 **305 745 3750**
 Date Daytime Phone #

CR2E034 (9/01)