

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90139 012 ***150.00

DOCUMENT # P96000043873

1. Entity Name

MACKEY KEY, INC.

Principal Place of Business

**1795 DETROIT BLVD
PENSACOLA FL 32514**

Mailing Address

**1795 DETROIT BLVD
PENSACOLA FL 32514**

2. Principal Place of Business

423 N. BAYLEN Street
Suite, Apt. #, etc.

3. Mailing Address

423 N. BAYLEN St.
Suite, Apt. #, etc.

City & State

PENSACOLA, Florida

City & State

PENSACOLA, Florida

Zip

32501

Country

U.S.A.

Zip

32501

Country

USA

4. FEI Number **59-3414849**

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

**SHIMEK, ARTHUR A
423 N BAYLEN STREET
PENSACOLA FL 32501**

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 **ARTHUR A. SHIMEK**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2001

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 **D** ☐ Delete
NAME **DAVIS, ALEX L**
STREET ADDRESS **1795 DETROIT BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☒ Change ☐ Addition
NAME **DAVIS, ALEX L.**
STREET ADDRESS **8160 ASHLAND AVENUE**
CITY-ST-ZIP **PENSACOLA, FLA. 32534**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

ALEX L. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-09-01 (850) 484-3275

CR2E034 (10/00)