

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90003 031 \*\*\*\*15.00  
03-14-2002 90331 008 \*\*\*\*135.00

**DOCUMENT # P96000049198**

1. Entity Name

**KEY WEST CONCH TRADERS, INC.**

Principal Place of Business

3706 N ROOSEVELT BLVD  
#D  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 897  
KEY WEST FL 33041

2. Principal Place of Business

620 Thomas St

Suite, Apt. #, etc.

#281

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0671195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KING, GINGER

620 THOMAS STREET

#281

KEY WEST FL 33040

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KING, GINGER	
STREET ADDRESS	620 THOMAS ST #281	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, GLENN	
STREET ADDRESS	1328 L ST, SE	
CITY-ST-ZIP	WASHINGTON DC 20003	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCKENNEY, JOHN W JR	
STREET ADDRESS	2587 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of GINGER KING*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

805-296-2369

CR2E034 (9/01)



420243

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

January 26, 2002

KEY WEST CONCH TRADERS, INC.  
P.O. BOX 897  
KEY WEST, FL 33041

Subject: **KEY WEST CONCH TRADERS, INC.**

Reference Number: **P96000049198**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$15.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$135.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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/ ANNUAL REPORTS SECTION