

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049198

1. Entity Name
KEY WEST CONCH TRADERS, INC.



FILED

03 JUN 19 PM 2:12

SECRETARY OF STATE
FLORIDA

Principal Place of Business
620 THOMAS STREET
#281
KEY WEST FL 33040
US

Mailing Address
P.O. BOX 897
KEY WEST FL 33041



2. Principal Place of Business
1122 Whitehead St
Suite, Apt. #, etc.
Upper

3. Mailing Address
P.O. Box 897
Suite, Apt. #, etc.

City & State
Key West FL

City & State
Key West

4. FEI Number 65-0671195

Applied For
Not Applicable

Zip 33040 Country Monroe

Zip FL Country 33041

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 Bell, Charlene J.
Street Address (P.O. Box Number is Not Acceptable)
1122 Whitehead St. Upper
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 C. Bell Charlene J. Bell 06-13-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

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	P	☒ Delete
NAME	KING, GINGER	
STREET ADDRESS	620 THOMAS ST #281	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	☒ Delete
NAME	JACKSON, GLENN	
STREET ADDRESS	1328 L ST, SE	
CITY-ST-ZIP	WASHINGTON DC 20003	
TITLE	ST.	☒ Delete
NAME	MCKENNEY, JOHN W JR	
STREET ADDRESS	2587 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	President	☐ Change ☒ Addition
NAME	Bell, Charlene	
STREET ADDRESS	1122 Whitehead St. Upper	
CITY-ST-ZIP	Key West FL 33040	
TITLE	Vice-President	☐ Change ☒ Addition
NAME	RONALD E. Bell	
STREET ADDRESS	1122 Whitehead St. Upper	
CITY-ST-ZIP	Key West FL 33040	
TITLE	Secy. / Treas.	☐ Change ☒ Addition
NAME	Charlene J. Bell	
STREET ADDRESS	1122 Whitehead St.	
CITY-ST-ZIP	Key West FL 33040	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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.