

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000052362****1. Entity Name**

KEY WEST COFFEE COMPANY, INC.

Principal Place of Business

291 FRONT STREET

KEY WEST
33040

FL

Mailing Address

1315 JOHNSON ST

KEY WEST
33040

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1800 ATLANTIC BLVD.

Suite, Apt. #, etc.
#435**City & State**City & State
KEY WEST

FL

Zip**Country****Zip****Country**

33040

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNALL MICHAEL B
1315 JOHNSON ST.
1315 JOHNSON ST.
KEY WEST
33040

FL

7. Name and Address of New Registered Agent**Name**

NALL MICHAEL B

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

1800 ATLANTIC BLVD.

#435City
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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

04/21/2000

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, 2000 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 VD ☐ Delete
NAME NALL LYNN S
STREET ADDRESS 1315 JOHNSON ST.
CITY-ST-ZIP KEY WEST FL 33040TITLE PSD ☐ Delete
NAME NALL MICHAEL B
STREET ADDRESS 1315 JOHNSON ST
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VD ☒ Change ☐ Addition
NAME NALL LYNN S
STREET ADDRESS 1800 ATLANTIC BLVD., #435
CITY-ST-ZIP KEY WEST FL 33040TITLE PSD ☒ Change ☐ Addition
NAME NALL MICHAEL B
STREET ADDRESS 1800 ATLANTIC BLVD., #435
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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:** Michael B. Nall

PSD 04/21/2000