

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90157 012 \*\*\*150.00

**DOCUMENT # P96000055032**

1. Entity Name

**KEYS TREES, INC.**

Principal Place of Business

Mailing Address

FLAGLER AVE  
 WEST FL 33040

POST OFFICE BOX 2173  
 KEY WEST FL 33045-2173  
 US

**C0079671**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3314 N. Side Dr

Suite, Apt. #, etc.

24A

City & State  
 Key West FL

Zip  
 33040

Country  
 USA

City & State

Zip

Country

4. FEI Number

**65-0685743**

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

SNELL, CRAIG D  
 1227 FLAGLER AVE  
 KEY WEST FL 33040

only  
 address  
 change →

Name

Craig D. Snell

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

3314 N. Side Dr, 24A

City

Key West

FL

Zip Code

33040

B. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 SNELL, CRAIG D  
 1227 FLAGLER AVE.  
 KEY WEST FL 33040 ☐ Delete *new address*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 3314 N. Side Dr  
 Key West FL 33040 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

*Craig D. Snell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

305-296-2946

Daytime Phone #

CR2E034 (9/99)