## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P9600007 DOCUMENT #

1. Entity Name

CREW SERVICES OF THE KEYS, INC.



## FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90105 031 \*\*\*150.00

'5086	
	GOO WE THE

						<b></b> -∔				
rincipal Place	of Business	Mailing	Address							
rincipai Piace : <b>DRURY DRIVE</b>		POST	OFFICE BOX 723							
(EY LARGO FL			RGO FL 33037						(( <b>6 T</b> ()) ( <b>6 D</b> )	
/F1 F41100 1F										
						_	THE PROPERTY OF THE PROPERTY O	<b>14</b> / <b>4</b> //// <b>18/8</b> / 1		
. Principal Pla	ce of Business	3. Mailin	ng Address			1				
	Jean hatile	Suito	Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGES		
Suite, Apt. #	, etc.	Suite,	лрι. π, σιο.				LI CHECK TIERE II MAKING			
Negg	hargo	City 8	k State			4. F	65-0694911		plied For	
City & State			Only a state				Troct pp. 15			
Zin	Country	Zip	Zip Count			<b>5.</b> C	ertificate of Status Desired	<b>\$8.75</b> Add Fee Required	itional	
220	2M Monroe	.   <u>-</u>	<u>-</u>							
<u> </u>	6. Name and Address of Curren	t Registered	d Agent		Nome	7. N	ame and Address of New Registered A	-3		
					Name					
CREASMAI	N, GERALD E CPA			<u> </u>	Street Addre	ss (P.O. Bo	ox Number is Not Acceptable)		]	
9245 SW 1				<u> </u> -						
SUITE 105				Ì						
MIAMI FL				<u> </u>	City		FL	Zip Cod	e	
(AILWIAN LE.)					•				and accept	
8. The above	named entity submits this statement	for the purpo	ose of changing its	s registered	office or regi	istered age	ent, or both, in the State of Florida. I am	/		
the obligati	ons of registered agent.	1			$/ \cap ($	$\mathcal{T}$	1/6	1,2		
CONATURE	1 1 1 1 1	<u> </u>	del	2/	/ 14	<u></u>	(optoting) DATE			
SIGNATURE -	Signature, typed or printed name of registered age	nt and title if appl	licable. (NO	TE: Registered /	Agent signature re	dnied wien is	scistating)			
	LE NOW!!! FEE IS \$150.00		<del></del> .	•			9. Election Campaign Financing		<b>0</b> May Be	
Δfter	May 1, 2003 Fee will be \$550.0	0	ı				Trust Fund Contribution.	Added	to Fees	
Make Check	Payable to Florida Department	of State					DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
10.	OFFICERS AN	D DIRECTO		11.		AL	DITIONS/CHANGES TO CIT ICE IS	Change	Addition	
TITLE	PSTD		☐ Delete	TITLE						
NAME	FRITCH, CHERYL F			NAME						
STREET ADDRESS	65 JEAN LAFITT			CITY-	T ADDRESS					
CITY-ST-ZIP	KEY LARGO FL 33037							☐ Change	Addition	
TITLE			Delete	TITLE						
NAME	ŕ				T ADDRESS					
STREET ADDRESS					ST-ZIP				<del></del>	
CITY-ST-ZIP			Delete	TITLE				Change	☐ Addition	
TITLE			Delete	NAME	1 -		-			
NAME			-	STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					
			Delete	TITLE				Change	Addition	
TITLE				NAME	l l					
NAME STREET ADDRESS	1			STRE	ET ADDRESS					
CITY-ST-ZIP			_	CITY	-ST-ZIP			F7 0	☐ Addition	
			Delete	TITLE	:			Change	☐ Addition	
TITLE NAME				NAM						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP		<u>s</u>			-ST-ZIP			Change	Addition	
TITLE			☐ Delete	TITLI	I .					
NAME		1		NAM						
STREET ADDRESS					ET ADDRESS					
	1			CITY	-ST-ZIP		140 07/03/0) Elevide Statutes I further	ertify that the	e information	
12. I hereby	certify that the information supplied	with this filin	ig does not qualify	for the exe	emption stated	d in Section ve the sam	n 119.07(3)(i), Florida Statutes. I further of e legal effect as if made under oath; that	I am an offic	er or director or Block 11 if	
	The state of the s	art in true an	a accurate and in	a cuy siulid	KAID SHELLIEN			e in Block 10	OCHSIOCK LLII	

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

SIGNATURE:

Daytime Phone #