2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000047188** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** BLUE DOG THE KEY COMPANY, INC. C+45"+ 75" 01-24-2000 90030 012 ***150.00 Principal Place of Businese Mailing Address 419 WEST CITRUS STREET 419 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714-3605 ALTAMONDE SPRINGS FL 32714 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For APOPKa, 59-3445521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIBBEN GRIBBEN, LIAM Street Address (P.Q. 419 WEST CITRUS STREET **ALTAMONTE SPRINGS FL 32714** 8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 vr s:Tax filing requirement and elects to do so. Trust Fund Contribution. vie (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. GRIBREN LIAM TITLE ☐ Delete 3123 FOX WOOD DR GRIBBEN, LIAM NAME STREET ADDRESS STREET ADDRESS 419 WEST CITAUS STREET FL CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition ___Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR