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

## P97000088008 **DOCUMENT #**

1. Entity Name

GET WET IN KEY WEST, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90093 003 \*\*\*150.00

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Sum, Apr. #. #Ido.  Sulin, Apr. #. #Ido.  Cry & State  Cry & Cry & State  Cry & State  Cry & State  Cry & State  Cry & Cry	2323 HARRIS AVE		2323 HARRIS AVE			
\$ Suite, ApJ, #, etc.   CHECK HERE IF MAKING CHANGES  Suite, ApJ, #, etc.   CHECK HERE IF MAKING CHANGES  City A State   Country   Zip   Country   5. Certificate of Status Desired   Se. 75 Additional Feo Requirement Feo Re						
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Deserted Country  S. Certificate of Status Deserted Country  Fee Required	2. Principal P	lace of Business	3. Mailing Address			-
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent  1. Name 1. Name and Address of Name Registered Agent  1. Name and	City & State		City & State		4. FEI Number 65-0786000	
HANNA, GEORGE 2323 HARRIS AVE KEY WEST FL 33040  6. The above named entity submits this starement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighpilons of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlighting and accept	Zip	Country	Zip	Country	5. Certificate of Status Desired	
HANNA, GEORGE 2323 HARRIS AVE KEY WEST FL 3040  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  5(GNATURE		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered	Agent
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS OUT % 57-2P   Deale   Deale   THE NAME STREET ADDRESS OUT % 57-2P   Deale   Deale   THE NAME STREET ADDRESS OUT % 57-2P   Deale   Deale   THE NAME STREET ADDRESS OUT % 57-2P   Deale   Dea		NEADAE		Name .		
City				Street Address	(P.O. Box Number is Not Acceptable)	
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 Forida. I am familiar with, and accept the obligations of registered agent.  Signature    Signature   Soprets of price or priced name at registered agent and toe if applicable.   (NOTE Registered Agent agent agent)   (NOTE Registered Agent)   (NOTE Regist	KEY WES	T FL 33040				
SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE	5.			- ·City_	F	Zip Code
FILE NOWII; FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-2P  TI			nt for the purpose of changing		ered agent, or both, in the State of Florida. I an	n familiar with, and accept
FILE NOW!!!_FEE IS \$150.00	SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (N	OTE: Registered Agent signature require	ed when reinstating) DATE	
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   Addition of the property of the page of the pa	Afte	May 1, 2003 Fee will be \$550.0		, Market	· · ·	
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		Lertify that the information supplied	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

indicated on this report or supplemental report is true and datcurate and that my signature shall have the same legal effect as it 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 the opinion wered.

**SIGNATURE:**