

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000091448**1. Entity Name  
**KEY OF SEA, INC.**

Principal Place of Business

POST OFFICE BOX 3371

STUART  
349953371

FL

Mailing Address

POST OFFICE BOX 3371

STUART  
349953371

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0786946**

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 Agent

7. Name and Address of New Registered Agent

CAPOZZI NEIL E  
5325 SE RUNNING OAKSTUART FL  
34997 US

Name

CAPOZZI NEIL E

Street Address (P.O. Box Number is Not Acceptable)  
2611 NUTCRACKER WAYCity  
PALM CITY

FL

Zip Code  
34990

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 \_\_\_\_\_ **03/13/2001**

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, 2001 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 VPS ☐ Delete  
NAME BOWMAN ALAN C  
STREET ADDRESS 5325 S.E. RUNNING OAK CIR  
CITY-ST-ZIP STUART FL 34997TITLE VPS ☒ Change ☐ Addition  
NAME BOWMAN ALAN C  
STREET ADDRESS 2611 NUTCRACKER WAY  
CITY-ST-ZIP PALM CITY FL 34990TITLE PT ☐ Delete  
NAME CAPOZZI NEIL E  
STREET ADDRESS 5325 RUNNING OAK CIR  
CITY-ST-ZIP STUART FL 34997TITLE PT ☒ Change ☐ Addition  
NAME CAPOZZI NEIL E  
STREET ADDRESS 2611 NUTCRACKER WAY  
CITY-ST-ZIP PALM CITY FL 34990TITLE ☐ Delete  
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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: NEIL E. CAPOZZI**

PT

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)