## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000018044 Mar 16, 2000 8:00 am **Secretary of State** KEY WEST FLORIST, INC. 03-16-2000 90069 006 \*\*\*150.00 Mailing Address Principal Place of Business 1113 KEY PLAZA SPACE 23 1113 KEY PLAZA SPACE 23 KEY WEST FL 33040-4077 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0813326 Not Applicable Country Zip Country Zip \$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 E. Mar MARTIN, DEBORAH 29361 COOCNUT PALM DR **BIG PINE KEY FL 33043** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME NILES, GEORGE W STREET ADDRESS STREET ADDRESS 348 46TH ST CITY-ST-7IP CITY-ST-ZIP **SUMMERLAND KEY FL 33042** ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME NILES, SONIA A STREET ADDRESS STREET ADDRESS 348 46TH ST CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 Change ☐ Addition TITLE ☐ Delete martin, Richard K 728 west Shore Drive NAME MARTIN, RICHARD K STREET ADDRESS STREET ADDRESS 29361 COCONUT PALM DR Summerland Ky FL 3304 CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY\_FL\_33043 Secretary Treasurer Addition ☐ Delete TITLE MARTIN, DEBORAH E NAME martin, Deborah E NAME STREET ADDRESS 728 West Shore Drive STREET ADDRESS 29361 COCONUT PALM DR CITY-ST-7IP CITY-ST-7IP summerland Ky, KL 33042 **BIG PINE KEY FL 33043** ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: DEBOTAL MATTER DEBOTALE May fin 3/13/00 305/294-550