

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018044

1. Entity Name

KEY WEST FLORIST, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90077 041 ***150.00

80011210



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1113 KEY PLAZA SPACE 23
KEY WEST FL 33040

Mailing Address

1113 KEY PLAZA SPACE 23
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0813326

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, DEBORAH
728 WEST SHORE DR
SUMMERLAND KEY FL 33042

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	NILES, GEORGE W	348 46TH ST	SUMMERLAND KEY FL 33042	
	VP			
	NILES, SONIA A	348 46TH ST	SUMMERLAND KEY FL 33042	
	VP			
	MARTIN, RICHARD K	728 WEST SHORE DR	SUMMERLAND KEY FL 33042	
	ST			
	MARTIN, DEBORAH E	728 WEST SHORE DR	SUMMERLAND KEY FL 33042	

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:

Deborah E Martin / DEBORAH E. MARTIN 4/28/01 205/294-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)