

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90100 006 ***550.00

DOCUMENT # **P98000025191**

1. Entity Name

Cudjoe Key Tower Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

LOT D.

3. Mailing Address

22824 BLUEGILL LANE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Cudjoe Acres

Suite, Apt. #, etc.

City & State

Cudjoe Key

City & State

Cudjoe Key

4. FEI Number

65-0828143

Applied For

Not Applicable

Zip

33042

Country

MONROE

Zip

33042

Country

MONROE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gossard C

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

22824 BLUEGILL LANE

City

Cudjoe Key

FL

33042

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSARD, CRAIG C. 22824 BLUEGILL LANE CUDJOE KEY FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSSARD, CARMELITA T. 22824 BLUEGILL LANE CUDJOE KEY FL 33042
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

305-923-3135

Daytime Phone #

CR2E034B (12/01)