

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039180

1. Entity Name  
KEY WEST INFORMATION SYSTEMS, INC.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90314 034 \*\*\*150.00

Principal Place of Business  
PO BOX 830  
KEY WEST FL 33041-0830

Mailing Address  
PO BOX 830  
KEY WEST FL 33041-0830

2. Principal Place of Business  
15 Sapphire Drive  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 830  
Suite, Apt. #, etc.

City & State  
Key West, FL  
Zip  
33040  
Country  
Monroe

City & State  
Key West, FL  
Zip  
33041-0830  
Country  
Monroe

4. FEI Number 65-0829773  
Applied For  
Not Applicable

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

GARNER, J. DIANNE  
15 SAPPHIRE DRIVE  
KEY WEST FL 33040

Name  
Cheryl H. Kinderknecht  
Street Address (P.O. Box Number is Not Acceptable)  
15 Sapphire Drive  
City  
Key West  
FL  
Zip Code  
33040

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 Cheryl H. Kinderknecht

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KINDERKNECHT, CHERYL H  
15 SAPPHIRE DRIVE  
KEY WEST FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARNER, J. DIANNE  
15 SAPPHIRE DRIVE  
KEY WEST FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: Cheryl H. Kinderknecht, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-01

Date

Daytime Phone #.

CR2E034 (10/00)