

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92190 025 \*\*\*150.00

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**DOCUMENT # P98000039180**

1. Entity Name

**KEY WEST INFORMATION SYSTEMS, INC.**



Principal Place of Business  
15 SAPPHIRE DRIVE  
KEY WEST FL 33040

Mailing Address  
PO BOX 830  
KEY WEST FL 33041-0830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0829773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**THORNBRUGH, LAURA**  
**317 BLACKBREAD ROAD**  
**LITTLE TORCH KEY FL 33042**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KINDERKNECHT, CHERYL H</b>	
STREET ADDRESS	<b>15 SAPPHIRE DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARNER, J. DIANNE</b>	
STREET ADDRESS	<b>15 SAPPHIRE DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<b>V James Thornbrugh</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>317 Blackbeard Rd</b>	
STREET ADDRESS	<b>Little Torch Key FL 33042</b>	
CITY-ST-ZIP		
TITLE	<b>D Kenna Granger</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>317 Blackbeard Rd</b>	
STREET ADDRESS	<b>Little Torch Key FL 33042</b>	
CITY-ST-ZIP		
TITLE	<b>D Derek Granger</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>317 Blackbeard Rd</b>	
STREET ADDRESS	<b>Little Torch Key FL 33042</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

Date

**305 296 9803**

Daytime Phone #

CR2E034 (10/02)