

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

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 023 ***150.00

DOCUMENT # P98000048603

1. Entity Name

CONCH KEY CLOTHING, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
808 NE 16th Ave.

Suite, Apt. #, etc.

3. Mailing Address
926 Truman Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

Zip
33304-4422

Country
USA

City & State
Key West, FL

Zip
33040

Country
USA

4. FEI Number
650876990

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Albert L. Kelley

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

City Key West **FL** **Zip** 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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
P/D
NAME
Mitchell Ousley
STREET ADDRESS
808 NE 16th Ave.
CITY-ST-ZIP
Ft. Lauderdale, FL 33304-4422

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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:  **Mitchell Ousley, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305296-0160

Daytime Phone #

CR2E034B (12/01)