

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90048 050 ***550.00

DOCUMENT # **998000092675**

1. Entity Name

Key West Water Express

Principal Place of Business

Mailing Address

951 Bald Eagle Dr. 1083 N. Collier Blvd #376
Marco Island FL Marco Island FL 34145

A0084151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3642350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

SIGNATURE

Barbara Bridges Operations Manager 8/3/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **Barbara Bridges** ☐ Delete
 STREET ADDRESS **224 Dan River Ct**
 CITY-ST-ZIP **Marco Island FL** ☐ Treasurer

TITLE NAME **Barbara Bridges** ☒ Change ☐ Addition
 STREET ADDRESS **1 West Street**
 CITY-ST-ZIP **Bar Harbor ME 04609**

TITLE NAME **Marc Brent** ☐ Delete
 STREET ADDRESS **224 Dan River Ct**
 CITY-ST-ZIP **Marco Island FL**

TITLE NAME **Marc Brent** ☒ Change ☐ Addition
 STREET ADDRESS **1 West St**
 CITY-ST-ZIP **Bar Harbor ME 04609**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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: **Barbara Bridges** **Barbara Bridges** **201-288386**

CR2E034 (5/01)