

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90191 021 ***150.00

DOCUMENT # P98000108190

1. Entity Name
BLUEKEYS & ASSOCIATES, INC.

Principal Place of Business
103400 OVERSEAS HWY.STE.211
KEY LARGO FL 33037

Mailing Address
103400 OVERSEAS HWY.STE.211
KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103400 OVERSEAS HWY

Suite, Apt. #, etc.
SUITE 235

City & State
KEY LARGO FL

Zip
33037

Country
MONROE

3. Mailing Address
103400 OVERSEAS HWY.

Suite, Apt. #, etc.
SUITE 235

City & State
KEY LARGO FL

Zip
33037

Country
MONROE

4. FEI Number **65-0887719**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, DAVID A
103400 OVERSEAS HWY,STE.211
KEY LARGO FL 33037

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 _____ (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, 2002 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 **D** ☐ Delete
 NAME **BORLAND, JOE F**
 STREET ADDRESS **103400 OVERSEAS HWY, STE. 235**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Delete
 NAME **BUTLER, DAVID A**
 STREET ADDRESS **103400 OVERSEAS HWY, STE. 235**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 305-451-0090

CR2E034 (9/01)