

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036375

1. Entity Name

JUST NAMES, INC.

Principal Place of Business

291 FRONT STREET K-2  
KEY WEST FL 33040  
US

Mailing Address

774 SAWYER DR  
CUDJOE KEY FL 33042  
US

2. Principal Place of Business

291 FRONT ST #K-2

3. Mailing Address

774 SAWYER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

CUDJOE KEY, FL

Zip

33040

Country

USA

Zip

33042

Country

USA

4. FEI Number

65-0917691

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, BARBARA  
774 SAWYER DR.  
CUDJOE KEY FL FL330-42

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME ANDERSON, BARBARA  
STREET ADDRESS 291 FRONT STREET K-2  
CITY-ST-ZIP KEY WEST FL 33040

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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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:

*Barbara Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0461324

CR2E034 (10/00)

00005015



DO NOT WRITE IN THIS SPACE

305-745-1630

1-10-01