2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P99000041849

1. Entity Name

DOCUMENT #

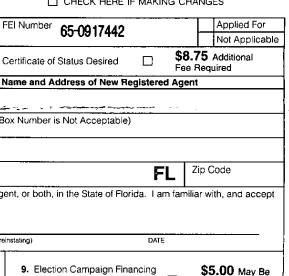
KEY WEST TENNIS TOO. INC.



Principal Place of Business Mailing Address 811 SEMINOLE AVE. 811 SEMINOLE AVE. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0917442 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, DEAN Street Address (P.O. Box Number is Not Acceptable) 811 SEMINOLE AVE. KEY WEST FL 33040 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLES ☐ Delete TITLE ☐ Change Addition TAYLOR, DEAN NAME NAME 811 SEMINOLE AVE. STREET ADDRESS STREET ADDRESS KEY-WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition MCNULTY, PAUL NAME 😘 NAME STREET ODRESS 811 SEMINOLE AVE STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

FILED Apr 09, 2003 8:00 am secretary of State

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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 supplier ental 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 regeiver of trustee empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information changed, or on an attach ke empowered.

SIGNATURE: