

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042855

1. Entity Name

REB KEYS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90127 046 ***150.00

Principal Place of Business

Mailing Address

201 SIMONTON STREET
KEY WEST FL 33040

201 SIMONTON STREET
KEY WEST FL 33040-6628

2. Principal Place of Business

209 Simonton St.

3. Mailing Address

209 Simonton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Key West FL

City & State

Key West FL

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

4. FEI Number

65-0926485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, MITCHELL J
608 WHITEHEAD STREET
KEY WEST FL 33040

Name

Cook Mitchell J

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

3706 N. Roosevelt Blvd

Suit 1 Perry's Plaza

City

Key West

FL

Zip Code

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PT ☐ Delete
NAME BOGGS, RONALD E
STREET ADDRESS 25074 FIFTH STREET
CITY-ST-ZIP SUMMERLAND KEY FL 33042

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

TITLE VS ☐ Delete
NAME BOGGS, CAROL
STREET ADDRESS 25074 FIFTH STREET
CITY-ST-ZIP SUMMERLAND KEY FL 33042

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

Ronald E. Boggs Pres 1-10-00 (305) 292-5569

CR2E034 (9/99)