

DOCUMENT # 999000045455 ✓
1. Entity Name
Key West Number One Scooterz Depot Corporation
4

Principal Place of Business	Mailing Address
2801 N. ROOSEVELT BLVD KEY WEST FL 33040	* 68 BEECHWOOD DR KEY WEST FL 33040

2. Principal Place of Business <i>Abaco</i> Suite, Apt. #, etc.	3. Mailing Address <i>Abaco</i> Suite, Apt. #, etc.
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City & State		City & State	
Zip	Country	Zip	Country

<p>4. FEI Number 65-0721156</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Applied For</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For					
Not Applicable					
<p>5. Certificate of Status Desired</p>	<div style="display: flex; align-items: center;"> <input style="margin-right: 10px;" type="checkbox"/> <div> <p>\$8.75 Additional Fee Required</p> </div> </div>				

6. Name and Address of Current Registered Agent

DARREN MILLS
6566 WOOD DR
Key West FL 33040

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON of Bd / PRESIDENT <input type="checkbox"/> Delete TREASURER DARREN MILLS 8 BEGGHWOOD DR KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / V. PRES, SEC. <input checked="" type="checkbox"/> Delete VICTOR MILLS 6 BEGGHWOOD DR KEY WEST FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

[illegible]

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] 7/31/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)