

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90106 042 \*\*\*158.75

**DOCUMENT # P99000053209**

1. Entity Name  
**CORAL ARTISANS OF KEY WEST, INC.**

Principal Place of Business <b>330 CAROLINE STREET KEY WEST FL 33040</b>	Mailing Address <b>330 CAROLINE STREET KEY WEST FL 33040-8302</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>22828 Overseas Hwy.</b>	3. Mailing Address <b>3741 Flagler Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cudjoe Key FL</b>	City & State <b>Key West FL</b>	4. FEI Number <b>650928250</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33042</b>	Country <b>USA</b>	Zip <b>33040</b>	Country <b>USA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CARDENAS, SUSAN M 221 SIMONTON ST. KEY WEST FL 33040</b>	7. Name and Address of New Registered Agent Name <b>Susan M. Cardenas</b> Street Address (P.O. Box Number is Not Acceptable) <b>221 Simonton Street</b> City <b>Key west</b> FL Zip Code <b>33040</b>
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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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FRECHETTE, ROBERT M</b> <b>330 CAROLINE STREET</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DEAL, DAVID M</b> <b>1226 FLAGLER AVE.</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David M. Deal</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3741 Flagler Avenue</b> <b>Key West FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 any address with all other like empowered.

SIGNATURE: David M. Deal **David M. Deal** 1-31-00 305-292-2317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3000000

CR2E034 (9/99)