

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90075 026 ***158.75

DOCUMENT # P99000053209

1. Entity Name

CORAL ARTISANS OF KEY WEST, INC.

Principal Place of Business

22828 OVERSEAS HWY.
 SUMMERLAND KEY FL 33042

Mailing Address

3741 FLAGLER AVENUE
 KEY WEST FL 33040

2. Principal Place of Business

22828 Overseas Hwy.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cudjoe Key FL

City & State

Zip
 33042

Country
 USA

Zip

Country

4. FEI Number

65-0928250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CARDENAS, SUSAN M
 221 SIMONTON ST.
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name: David M. Deal
 Street Address (P.O. Box Number is Not Acceptable): 3741 Flagler Avenue
 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

David M. Deal David M. Deal

1-8-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRECHETTE, ROBERT M	330 CAROLINE STREET	KEY WEST FL 33040	<input type="checkbox"/>
D	DEAL, DAVID M	3741 FLAGLER AVENUE	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

David M. Deal

Date

Daytime Phone #

1-8-01 (305) 304-4346

10/00