2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 09, 2000 8:00 am
Secretary of State

07-12-2000 90008 022 ***150.00
08-09-2000 90087 013 ***400.00

D00077635

DOCUMENT # ~~H99000014886~~ P99000055773

1. Entity Name
LOOE KEY EXPLORATIONS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MM 25 OVERSEAS HWY	P.O. BOX 420977.
Suite, Apt. #, etc. CHEVRON ISLAND	Suite, Apt. #, etc.
City & State SUMMERLAND KEY, FL	City & State SUMMERLAND KEY, FL
Zip 33042 Country USA	Zip 33042 Country USA

4. FEI Number 65-0933477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERT M. KAHN, ESQ.
C/- KAHN + GUTTER
PENTHOUSE 4
8211 W. BROWARD BLVD
PLANTATION, FL 33324

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)

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	P.S.T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANICE VANDENHURK	NAME	
STREET ADDRESS	1957 BAHIA SHORES RD	STREET ADDRESS	
CITY-ST-ZIP	NO NAME KEY, FL 33043	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Janice VandenHurk JANICE VANDENHURK 7/1/00 (305) 744-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #