

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000059990**

1. Entity Name

GULF KEY PROPERTIES, INC.

Principal Place of Business

**1248 S. BERMUDA AVE.
KISSIMMEE FL 34741**

Mailing Address

**1248 S. BERMUDA AVE.
KISSIMMEE FL 34741**

2. Principal Place of Business

2960 MCCALL RD

Suite, Apt. #, etc.

S. 201

3. Mailing Address

2960 S. MCCALL RD

Suite, Apt. #, etc.

S. 210

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34224

Country

CHARLOTTE

Zip

34224

Country

CHARLOTTE

6. Name and Address of Current Registered Agent

**FORSTER, GARY A
280 W. CANTON AVE., STE. 410
WINTER PARK FL 32790**

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

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 **D** ☐ Delete
NAME **ARCHER, BRIAN**
STREET ADDRESS **1248 S. BERMUDA AVE.**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE **D** ☒ Delete
NAME **SNELSON, MARK**
STREET ADDRESS **1248 S. BERMUDA AVE.**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE **D** ☐ Delete
NAME **LIANE ARCHER**
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **ARCHER, BRIAN**
STREET ADDRESS **1248 S. JOHN YOUNG PARKWAY**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE **D** ☐ Change ☐ Addition
NAME **ARCHER, LIANE**
STREET ADDRESS **1248 S. JOHN YOUNG PARKWAY**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE **O** ☐ Change ☐ Addition
NAME **WAYNE MAIDEN**
STREET ADDRESS **1248 S. JOHN YOUNG PARKWAY**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90452 046 ***150.00

CU056453

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3588411**

Applied For

Not Applicable

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

CR2E034 (10/00)

0431078