

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059990

1. Entity Name
GULF KEY PROPERTIES, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90085 042 ***550.00

Principal Place of Business
2960 MCCALL RD
S 201
ENGLEWOOD FL 34224

Mailing Address
2960 MCCALL RD
S 201
ENGLEWOOD FL 34224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4880 PLACIDA RD
Suite, Apt. #, etc.
UNIT J
City & State
GROVE CITY FLORIDA
Zip
34224
Country
USA

3. Mailing Address
4880 PLACIDA ROAD
Suite, Apt. #, etc.
UNIT J
City & State
GROVE CITY FLORIDA
Zip
34224
Country
USA

4. FEI Number 59-3588411
Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D ARCHER, BRIAN 1245 S JOHN YOUNG PARKWAY KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, LIANE 1248 S JOHN YOUNG PARKWAY KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MAIDEN, WAYNE 1248 S JOHN YOUNG PARKWAY KISSIMMEE FL 34741	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CEO PRESIDENT ARCHER, BRIAN 4880 PLACIDA ROAD GROVE CITY FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICE PRESIDENT ARCHER, LIANE 4880 PLACIDA ROAD GROVE CITY FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNED BY: BRIAN ARCHER Director 09/09/02 407-908-0325

Date

Daytime Phone #

CR2E034 (4/02)