FILED

2002 UNIFORM BUSINESS REPORT (URB)

	JMENT # P99000 NUTE KEY SHOP, INC.	0078775			Apr 29, 20 Secretar 04-29-2002 900	-		
Principal Place of Business 2120 GULF GATE DR. SARASOTA FL 34231		Mailing Address 2120 GULF GATE DR. SARASOTA FL 34231						
2. Principal Place of Business 3/30 GULF G NTC DR Suite, Apt. #, etc.		3. Mailing Address 5 AME Suite, Apt. #, etc.		_ -	DO NOT WRITE IN THIS SPACE			
SARASOTA, 72.		City.&.State		4. FEI Nu	4. FEI Number Applied For Not Applicable			
Zip 342	-31 Country	Zip SAME	Country	5. Certific	ate of Status Desired [\$8.75 Ac	Iditional	
2120 GUI	6. Name and Address of Current R GER, HUBERT LF GATE DR. IA FL 34231	Name Street Address City	Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE 9. This corp Tax filing	e named entity submits this statement for the signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so.	title if applicable. (NOTE: i	FEE IS \$150.00 Fee will be \$550.00	ed when reinstating)		~ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00 May Be	
CITY-ST-ZIP	P WILTBERGER, HUBERT 2120 GULF GATE DR. SARASOTA FL 34231		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		IS/CHANGES TO OFFICERS	S AND DIRECTOR Change	S IN 11	
TITLE NAME STREET ADDRESS: CITY-ST-ZIP	VP BELLO, JOHN 2120 GULF GATE DR. SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
***	ST WILTBERGER, CANDACE 2120 GULF GATE DR SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition {	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	☐ Addition	
of the corr	pertify that the information supplied with this on this report or supplemental report is trupporation or the receiver or trustee empower or on an attachment with an address, with	red to execute this report on	e exemption stated in Se signature shall have the required by Chapter 60	ection 119.07(3 same legal effe 7, Florida Statu	(i), Florida Statutes. I furthe ect as if made under oath; thes; and that my name appe	r certify that the in at I am an officer of ars in Block 11 or	formation or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ON THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ON THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR