

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90368 011 \*\*\*150.00

0690392 FP

**DOCUMENT # P99000106853**



1. Entity Name  
**INSTALL-ALL OF KEY WEST, INC.**

Principal Place of Business  
**6471 3RD STREET  
KEY WEST FL 33040**

Mailing Address  
**1204 17 TR  
KEY WEST FL 33040**



2. Principal Place of Business  
**3743 CINDY AVE**

3. Mailing Address  
**3743 CINDY AVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Key West FL**

City & State  
**Key West FL**

Zip  
**33040**

Country  
**USA**

Zip  
**FL**

Country  
**USA**

4. FEI Number **65-0966021**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, OMAR E  
1204 17TH TERR  
KEY WEST FL 33040**

Name  
**ROBERT R MALONE**

Street Address (P.O. Box Number is Not Acceptable)  
**3743 CINDY AVE**

City  
**Key West**

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

SIGNATURE **Robert R Malone**

DATE **04 14 03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MALONE, ROBERT R</b>	
STREET ADDRESS	<b>3743 CINDY AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, OMAR E</b>	
STREET ADDRESS	<b>1204 17TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert R Malone**

DATE **04 14 03** PHONE **305 292 3144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E094 (10/02)