

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
Suite, Apt. #, etc.

3. Mailing Address
3743 CINDY AVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Key West FL
Zip
33040
Country
USA

City & State
Key West FL
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

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

7. Name and Address of New Registered Agent

Name
ROBERT R MALONE
Street Address (P.O. Box Number is Not Acceptable)
3743 CINDY AVE
City
Key West **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**

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

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** DAYTIME PHONE # **305 292 3144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E094 (10/02)