

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90095 045 \*\*\*158.75

**DOCUMENT # P99000106959**

1. Entity Name  
**VICTORIA'S OF KEY WEST, INC.**

Principal Place of Business <b>513 FLEMING ST., STE. 4 KEY WEST FL 33040</b>	Mailing Address <b>513 FLEMING ST., STE. 4 KEY WEST FL 33040</b>
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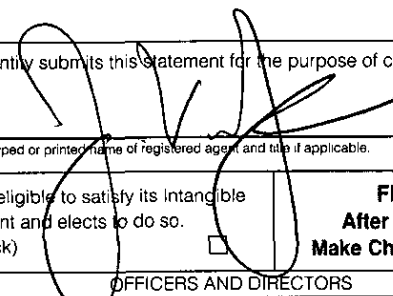


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>526-528 FRONT ST.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>65-096-6594</b>	Applied For <input type="checkbox"/>
City & State <b>KEY WEST, FL</b>	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Not Applicable <input type="checkbox"/>
Zip <b>33040</b>	Country <b>MONROE</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>VICTORINE JARDUS, JENNIFER 513 FLEMING ST., STE. 4 KEY WEST FL 33040</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  *as president Jardus 4/11/00*  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VICTORINE JARDUS, JENNIFER</b> <b>1400 DUVAL ST.</b> <b>KEY WEST FL 33040</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **J. Victorine Jardus** (305) 292-7551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)