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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # S31579** 1. Entity Name NORAK OF KEY WEST, INC. 01-31-2001 90013 002 ***150.00 Principal Place of Business Mailing Address 3722 N. ROOSEVELT BLVD. 3722 N. ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33040 DX 21080S DO NOT WRITE IN THIS SPACE itv & State 4. FEI Number Applied For 65-0253327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNEN, GUY W Street Address (P.O. Box Number is Not Acceptable) 3722 N. ROOSEVELT BLVD. KEY WEST FL 33040 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ひいい PTSD Change TITLE ☐ Delete TITLE ☐ Addition NAME KENNEN, GUY W. NAME Kennen, Guy 805 D.O. Box 210805 Royac Palm Beach, EC 33421 STREET ADDRESS STREET ADDRESS 3722 N. ROOSEVELT BLVD. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE KENNEN, NORA CHERISE NAME NAME STREET ADDRESS STREET ADDRESS 3722 N. ROOSEVELT BLVD. CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.