

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S33275**1. Entity Name  
KEY WEST REALTY, INC.

## Principal Place of Business

KEY WEST REALTY, INC.  
1109 DUVAL ST  
KEY WEST  
33040

FL

US

## Mailing Address

KEY WEST REALTY, INC.  
1109 DUVAL ST  
KEY WEST  
33040

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

KEY WEST REALTY, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
1109 DUVAL ST

City &amp; State

City & State  
KEY WEST

FL

Zip

Country

Zip

Country

33040

US

## 4. FEI Number

65-0242877

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HENSHAW TIMOTHY R  
1109 DUVAL STKEY WEST  
33040

FL

US

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 \_\_\_\_\_ 01/11/2001

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.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTS	<input type="checkbox"/> Delete
NAME	HENSHAW TIMOTHY	
STREET ADDRESS	1109 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOFKO JR WILLIAM D	
STREET ADDRESS	1109 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSHAW TIMOTHY	
STREET ADDRESS	1109 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** William D Stofko Jr

V/T

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)