

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66501

1. Entity Name

KEYS WATER SPORTS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90014 037 ***150.00

Principal Place of Business

Mailing Address

56223 OCEAN DR.
MARATHON FL 33050
US

56223 OCEAN DR.
MARATHON FL 33050-5603
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0280500

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHOFIELD, CHRISTOPHER
56223 OCEAN DR.
MARATHON FL 33050

Name

NANCY SCHOFIELD

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

56223 OCEAN DRIVE

City

MARATHON

FL

Zip Code

33050

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

Nancy Schofield

Nancy Schofield owner

1-26-00

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.
(See criteria on back) ☒

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 D ☒ Delete
NAME SCHOFIELD, CHRISTOPHER
STREET ADDRESS 56223 OCEAN DR.
CITY-ST-ZIP MARATHON FL 33050

TITLE DIRECTOR/PRESIDENT ☐ Change ☒ Addition
NAME NANCY SCHOFIELD
STREET ADDRESS 56223 OCEAN DRIVE
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Nancy Schofield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR owner

1-26-00

Date

305-287-0614

Daytime Phone #

CR2E034 (9/99)