## 2003 FOR PROFIT CORPORATION

## Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S66501 DOCUMENT # 1. Entity Name 04-28-2003 91831 010 \*\*\*150.00 KEYS WATER SPORTS, INC. Principal Place of Business Mailing Address 56223 OCEAN DR. 56223 OCEAN DR. MARATHON FL 33050 MARATHON FL 33050 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number City & State 65-0280500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHOFIELD, NANCY Street Address (P.O. Box Number is Not Acceptable) 56223 OCEAN DRIVE MARATHON FL 33050 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Begistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE SCHOFIELD, NANCY NAME NAME 56223 OCEAN DRIVE STREET ADDRE STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIE Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIE

FILED

CR2E034 (10/02

Department of Health • Vital Statistics STATE OF FLORIDA MARRIAGE RECORD TYPE IN UPPER CASE USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereos.

MONROE COUNTY OFFICIAL RECORDS

FILE #1283425 BR#1761 PG#2494

RCD Feb 20 2002 02:55PM DANNY L KOLHAGE, CLERK

MONROE COUNTY

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RESIDENCE - CITY, TOWN, ON LOCATION			1	FLORIDA			TH (Month, Day, Year)
MARATHON	MARATHON			5b. MAIDEN SURNAME (If different)			,1955
Se. BRIDE'S NAME (First, MODE), LIEU				PRIMM			(State or Foreign Country)
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total !	20- SIGNATURE OF COURT CLERK OR JUGGE					K	NA ·
	DANNY L. KOLHAGE						
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