

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83198

1. Entity Name
GOLD KEY FARM AND WESTERN STORE, INCORPORATED

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90089 021 ***150.00

Principal Place of Business

2226 N. TEMPLE AVE
P.O. BOX 216
STARKE FL 32091
US

Mailing Address

P O BOX 216
P.O. BOX 216
STARKE FL 32091
US

2. Principal Place of Business

3. Mailing Address

P O Box 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
STARKE, FL

4. FEI Number **59-3084951**

Applied For
Not Applicable

Zip
3

Country

Zip

32091

Country

Bradford

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

SMITH, JOHN R.
2226 N TEMPLE AVE
STARKE FL 32091

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 
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SMITH, JOHN R.**
STREET ADDRESS **2226 N TEMPLE AVE**
CITY-ST-ZIP **STARKE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01

904-964-7871

CR2E034 (10/00)