

**2001 UNIFORM BUSINESS REPORT (UBR)**

0100092 AV

DOCUMENT # **V32058**  
 1. Entity Name  
**KEY BREEZE, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 30 PM 4:12

Principal Place of Business Mailing Address  
**500 VENICE BYPASS S** **500 VENICE BYPASS S**  
**VENICE FL 34292** **VENICE FL 34292**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**REINSTATEMENT** DO NOT WRITE IN THIS SPACE **07**

6. Name and Address of Current Registered Agent  
**DAGNAM, THOMAS M**  
~~1201 S. MCCALL RD.~~  
**ENGLEWOOD FL 34223**

4. FEI Number **65-0331792** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5206 THE POINTE**  
 City **ENGLEWOOD FL FL 34223**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.  
 SIGNATURE **THOMAS M. DAGNAM**  
 Signature, typed or printed name of registered agent and title if applicable. (Date, initials and Agent's title if required when reinstating) **10-9-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	VPT	<input type="checkbox"/> Delete
NAME	BURDICK, WM.	
STREET ADDRESS	<del>400 MIAMI DR</del> <b>6191 ALLOWAY ST</b>	
CITY-ST-ZIP	<del>VENICE FL</del> <b>ENGLEWOOD FL 34224</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, LESLIE D	
STREET ADDRESS	9009 BANTRY BAY BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	P + S	<input type="checkbox"/> Delete
NAME	DIGNAM, THOMAS M	
STREET ADDRESS	<del>1201 S. MCCALL RD.</del>	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>100004717421--3</b>	
CITY-ST-ZIP	<b>-12/10/01--0111--017</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5206 THE POINTE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
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 submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, which is not like employment.

SIGNATURE: **THOMAS M. DAGNAM**  
 Signature, typed or printed name of signing officer or director **10-9-01 474-1857**  
 Date Daytime Phone #

CR2E034 (5/01)