

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90209 036 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 432851**

1. Entity Name  
**SOUTH KEY REST CORP.**

Principal Place of Business      Mailing Address  
**1010 SEAWANE DRIVE      1010 SEAWANE DRIVE**  
**HEWLETT HARBOR NY 11557-2604      HEWLETT HARBOR NY 11557-2604**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **11-2374051**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

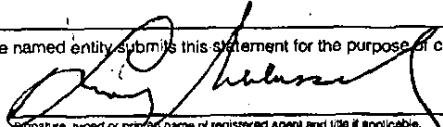
6. Name and Address of Current Registered Agent

**GUZZONE, SAL M**  
~~C/O CAMPBELL & ROSEMURRAY REAL ESTATE~~  
**1233 E. HILLSBORO BLVD.**  
**DEERFIELD BEACH FL 33441**

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  DATE **2/5/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME	<b>PD SCHLUSSEL, LEONARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1010 SEAWANE DRIVE HEWLETT HARBOR NY</b>	
TITLE NAME	<b>DT SCHLUSSEL, IRVING</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1010 SEAWANE DRIVE HEWLETT HARBOR NY</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **2/28/01** DAYTIME PHONE # **516-791-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)