

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90052 003 \*\*\*150.00

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**DOCUMENT # 432851**



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

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

Mailing Address  
**1010 SEAWANE DRIVE  
HEWLETT HARBOR NY 11557-2604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **11-2374051**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election, Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SCHLUSSEL, LEONARD		
1010 SEAWANE DRIVE	1010 SEAWANE DRIVE		
HEWLETT HARBOR NY	HEWLETT HARBOR NY		
DT	SCHLUSSEL, IRVING		
1010 SEAWANE DRIVE	1010 SEAWANE DRIVE		
HEWLETT HARBOR NY	HEWLETT HARBOR NY		

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.

SIGNATURE: *Leonard Schlusel* **SIGNATURE REQUIRED** **LEONARD SCHLUSSEL** **1/17/03** **516-791-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)