

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91010 028 ***150.00

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

DOCUMENT # P0000051560

1. Entity Name
500 MARKET PLACE, INC.



70054126

Principal Place of Business
**500 TRUMAN AVENUE
 STE. E-5
 KEY WEST, FL 33040**

Mailing Address
**500 TRUMAN AVENUE
 STE. E-5
 KEY WEST, FL 33040**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1007 Duval St.
 Suite, Apt. #, etc.

City & State
Key West FL

Zip
33040

County
Monroe



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1010400

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BARKER, RONALD A
 3 ARBUTUS DRIVE
 KEY WEST, FL 33040**

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

SIGNATURE _____
Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent's name is typed when withdrawing) - BAR

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

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SHADOW, JILL A 1007 DUVAL STREET KEY WEST, FL 33040		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; that the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or get an attachment with an address, with all other like empowered.

SIGNATURE: *Jill Shadow* **Jill Shadow** **4/25/03 305-295-6763**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS/0304 (10/02)