

ORIGINAL



(305) 295-1000
1001 James Street
PO Box 6100
Key West, FL 33041-6100
www.KeysEnergy.com

UTILITY BOARD OF THE CITY OF KEY WEST

September 16, 2003

Florida Public Service Commission
Commission Clerk and Administrative Service Director
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

COMMISSION
CLERK

03 SEP 19 AM 9:19

RECEIVED-FPSC

To Whom It May Concern:

The Utility Board of the City of Key West changed its doing business as name from "City Electric System" to "Keys Energy Services". On May 1, 2002 the public power utility officially serving Key West and the Lower Keys became known as "Keys Energy Services."

Please note this new name change on all your records and future correspondence. As Keys Energy Services submits updates/revisions for tariffs, the name change will be included.

I have included a copy of the Fictitious Name Registration for your files.

If you have any questions or require any further information, please call our offices at (305) 295-1001

Sincerely,

UTILITY BOARD- CITY OF KEY WEST
"KEYS ENERGY SERVICES"

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

Carl R. Jansen
General Manager

File: PLI-600

nonnye

03 SEP 19 AM 8:27

Utility Board Members
Robert R. Padron, Chairman
Leonard H. Knowles, Member
Dr. Otha P. Cox, Vice Chairman
Gayle Swofford, Member
Lou Hernandez, Member

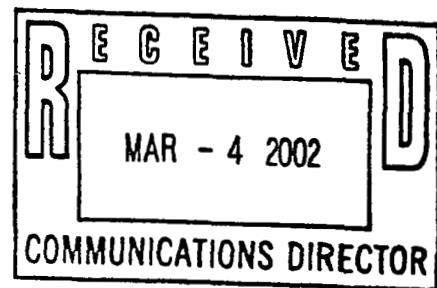
DOCUMENT NUMBER-DATE

08962 SEP 19 03

COMMISSION CLERK



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



February 27, 2002

KEYS ENERGY SERVICES
1001 JAMES ST
KEY WEST, FL 33040

Subject: **KEYS ENERGY SERVICES**

REGISTRATION NUMBER: **G02057900047**

This will acknowledge the filing of the above fictitious name registration which was registered on February 26, 2002. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/rjm
Division of Corporations

Letter No. 302A00011859

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of KEYS ENERGY SERVICES, registered with the Department of State on February 26, 2002, as shown by the records of this office.

The Registration Number of this Fictitious Name is G02057900047.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-seventh day of February, 2002



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

1. Keys Energy Services
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

1001 James St
Mailing Address of Business

Key West, FL 33040
City State Zip Code

3. Florida County of principal place of business: Monroe
(see instructions if more than one county)

4. FEI Number: _____

20100225
 002057900047
 -02/26/02--01024--029
 ***80.00

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____ <small>Last First M.I.</small>	2. _____ <small>Last First M.I.</small>
_____ <small>Address</small>	_____ <small>Address</small>
_____ <small>City State Zip Code</small>	_____ <small>City State Zip Code</small>
SS# _____ (not mandatory)	SS# _____ (not mandatory)

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. <u>Utility Board - City of Key West, FL</u> <small>Entity Name</small>	_____ <small>Entity Name</small>
<u>1001 James St</u> <small>Address</small>	_____ <small>Address</small>
<u>Key West FL 33040</u> <small>City State Zip Code</small>	_____ <small>City State Zip Code</small>
Florida Registration Number _____	Florida Registration Number _____
FEI Number: <u>59-6600-347</u>	FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Lynn Syde 2/20/02
Signature of Owner Date

Signature of Owner Date

Phone Number: 352 295-1040 Phone Number: _____

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

CR4E001 (8/01)