

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90182 049 \*\*\*158.75

**DOCUMENT # 105832**

1. Entity Name  
**KELLY TRACTOR CO**

Principal Place of Business      Mailing Address  
 N.W.58TH ST.      8255 N.W.58TH ST.  
 520775      BOX 520775  
 FL 33152      MIAMI FLA 33152-0775

A U U U U U J A



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-0197630**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KELLY, NICHOLAS D.**  
**8255 N.W. 58TH STREET**  
**MIAMI FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	SVD	<input type="checkbox"/> Delete
NAME	KELLY, NICHOLAS D.	
STREET ADDRESS	8255 NW 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, MARJORIE	
STREET ADDRESS	235 E ARCADE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, EVELYN J	
STREET ADDRESS	2845 GRANADA BLVD APT 3B	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ROBERT W	
STREET ADDRESS	136 W CIRCLE DIRVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KELLY, LOYD G	
STREET ADDRESS	11095 S W 53 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	KELLY, PATRICK L	
STREET ADDRESS	2200 N GREENWAY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000  
Date

Daytime Phone #

CR2E034 (9/99)