

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 436935

1. Entity Name

KELLEY'S CABINET SUPPLY, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90032 017 ***150.00

Principal Place of Business

Mailing Address

1019 NORTH COMBEE
 LAKELAND FL 33801

1019 NORTH COMBEE
 LAKELAND FL 33801-2999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1563450

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, MARVIN
507 HIGHVIEW CIR N
BRANDON FL 33510

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME

P

Delete

STREET ADDRESS
 CITY-ST-ZIP

KELLEY, MARVIN
507 HIGHVIEW CIR N
BRANDON FL

TITLE
 NAME

VP

Delete

STREET ADDRESS
 CITY-ST-ZIP

KELLEY, JAMES JR.
2758 WILSON BLVD.
LAKELAND FL

TITLE
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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:

Marvin R. Kelley **Marvin R. Kelley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 00

Date

(863) 665-6058

Daytime Phone #