2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90040 038 ***150.00

DOCUMENT # 436935

1. Entity Name
KELLEY'S CABINET SUPPLY, INC.

Principal Place of Business	Mailing Address
1019 NORTH COMBEE LAKELAND FL 33801	1019 NORTH COMBEE LAKELAND FL 33801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1563450 ☐ Applied For ☐ Not Applicable

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
KELLEY, MARVIN 507 HIGHVIEW CIR N BRANDON FL 33510	Name: Marvin Kelley Street Address (P.O. Box Number is Not Acceptable): 2311 Valrico Forrest Drive City: Valrico FL **FL** Zip Code 33594

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] Marvin R. Kelley President 22 Jan 01
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, 2001 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: P NAME: KELLEY, MARVIN STREET ADDRESS: 507 HIGHVIEW CIR N CITY-ST-ZIP: BRANDON FL	☐ Delete	TITLE: President NAME: Marvin Kelley STREET ADDRESS: 2311 Valrico Forrest CITY-ST-ZIP: Valrico FL 33594	☑ Change ☐ Addition
TITLE: VP NAME: KELLEY, JAMES JR. STREET ADDRESS: 2758 WILSON BLVD. CITY-ST-ZIP: LAKELAND FL	☐ Delete	TITLE: Vice-President NAME: James Kelley Jr STREET ADDRESS: 2797 Wilson Blvd CITY-ST-ZIP: Lakeland FL	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] Marvin R. Kelley 22 Jan 01 (863) 665-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #