

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328758

1. Entity Name

KELLY SHEET METAL, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90052 040 ***150.00

Principal Place of Business P O BOX 6067 4711 CAPITAL CIRCLE SW. TALLAHASSEE FL 32310-7568	Mailing Address P O BOX 6067 4711 CAPITAL CIRCLE SW. TALLAHASSEE FLA 32310-7568
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1208669** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent

KELLY, M D
4711 CAPITAL CIRCLE SW
TALLAHASSEE FL 32301

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

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	POPELL, WANDA K	
STREET ADDRESS	RT 3 BOX 3951	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, LENA M	
STREET ADDRESS	RT 4 BOX 318	
CITY-ST-ZIP	QUINCEY FL 32351	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OVERSTREET, DIANE K	
STREET ADDRESS	517 MEADOW RIDGE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KELLY, TAYLOR M	
STREET ADDRESS	RT 4 BOX 318	
CITY-ST-ZIP	QUINCEY FL 32351	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, M D	
STREET ADDRESS	ROUTE 2 BOX 88A	
CITY-ST-ZIP	QUINCY, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2017 Beaver Creek Drive	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Ben Bostick Road	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Ben Bostick Road	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Ben Bostick Road	
CITY-ST-ZIP	Quincy, FL 32351	
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 M. Kelly Taylor M. Kelly 1/20/99 850-812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1101