

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90016 010 ***150.00

DOCUMENT # 548088
Entity Name
CRAIG KELLY, D.D.S., P.A.

Principal Place of Business Mailing Address
HENDRICKS AVE 3675 HENDRICKS AVE
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-5360

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 59-1765238 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLY, J. CRAIG
3675 HENDRICKS AVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD KELLY, J. CRAIG 3675 HENDRICKS AVE JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST KELLY, J. CRAIG 3675 HENDRICKS AVE JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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 applicable, or on an attachment with an address, with another like empowered.

SIGNATURE: REQUIRED 1-1900 904 3981549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #