

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90111 020 ***150.00

DOCUMENT # 622190

1. Entity Name

KELLEY & SONS, INC.

Principal Place of Business

Mailing Address

1353 EAUGALLIE BLVD.
MELBOURNE FL 32935
US

1353 EAUGALLIE BLVD.
MELBOURNE FL 32935-5317
US

2. Principal Place of Business

3. Mailing Address

1353 EAUGALLIE BLVD

1353 EAUGALLIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FLA

City & State

MELBOURNE FL

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

4. FEI Number

59-1979262

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, DONALD T
2793 RHIEMS AVE.
MELBOURNE FL 32935

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	P	<input type="checkbox"/> Delete
NAME	KELLEY, DONALD T	
STREET ADDRESS	2793 RHIEMS AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLEY, CAMERON W	
STREET ADDRESS	4620 CITRUS BLVD.	
CITY-ST-ZIP	CANAVERAL GROVES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Donald T. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-254-802

CR2E034 (9/99)