

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 001 ***550.00

DOCUMENT # 685220

1. Entity Name
KELLY BROWN COMPANY

Principal Place of Business

**3532 US 27 SOUTH
 LAKE WALES FL 33853
 US**

Mailing Address

**P.O. BOX 3474
 3532 US 27 SOUTH
 LAKE WALES FL 33853
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2045349**

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

**BROWN, S.K.
 3532 US 27 SOUTH
 P.O. BOX 3474
 LAKE WALES FL 33853**

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, 2002 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 **VP** ☐ Delete
 NAME **GIBSON, CRYSTAL L.**
 STREET ADDRESS **145 STONEY RD.**
 CITY-ST-ZIP **LEESBURG GA**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
 NAME **POLLARD, TARA M.**
 STREET ADDRESS **181 STONEY RD.**
 CITY-ST-ZIP **LEESBURG GA**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
 NAME **SMITH, WANDA C.**
 STREET ADDRESS **145 STONEY RD.**
 CITY-ST-ZIP **LEESBURG GA**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AST** ☐ Delete
 NAME **BROWN, MICHAEL K.**
 STREET ADDRESS **139 STONEY RD.**
 CITY-ST-ZIP **LEESBURG GA**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

S. K. Brown Pres.

8/5/02 229-434-0993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

attachment
685220

8/5/02

Dept. 02 State

Dear Sirs/Ms.

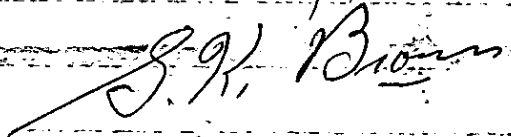
We know that there's no excuse for being late with payment. And this is the first time "ever" that we have failed to pay.

For last four years my wife has had 2nd open heart surgery — kidney removal for cancer — three hernias — and within last three months a "pacemaker" installed in her chest. Not counting many times in Shands Hospital for other smaller things.

It finally caught up with me and I missed your notice. But family comes first — no matter if the rest of the world topples.

I'm sorry cause we certainly don't need to give the State an extra \$400.⁰⁰.

Sincerely,

J. R. Brown

P.O. Box 3474

Lake Wales Fla. 33853

229-434-0993