

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

F01000004820

D.K. SHELLEY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

437 TWIN BAY DR

3. Mailing Address

437 TWIN BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

84-1597850

Applied For

Not Applicable

Zip

32534

Country

USA

Zip

32534

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH WHEELER

Street Address (P.O. Box Number is Not Acceptable)

437 TWIN BAY DR

City

PENSACOLA

FL

Zip Code

32534

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
DENIS K. SHELLEY
910 TRUMPETERS CT. E.
MONUMENT, CO 80132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/TREAS.
LOIS SHELLEY
910 TRUMPETERS CT. E.
MONUMENT, CO 80132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS SHELLEY

10-16-02 7195700985

Date

Daytime Phone #

CR2ED34B (12/01)