

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90272 013 ***150.00

001069 AT

DOCUMENT # F02000006250

1. Entity Name

FIDELITY READER SERVICE, INC.



Principal Place of Business

100 AVIATION DR. SOUTH #203
NAPLES FL 34104

Mailing Address

100 AVIATION DR. SOUTH #203
NAPLES FL 34104

2. Principal Place of Business

100 Aviation Dr. S

3. Mailing Address

100 Aviation Dr. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Naples, Florida

Naples, Florida

Zip

Country

Zip

Country

34104

USA

34104

USA

6. Name and Address of Current Registered Agent

4. FEI Number

74-2887770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KELLAM, BELLO

100 AVIATION DR. SOUTH #203

NAPLES FL 34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bello Kellam*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPS
NAME KELLAM, BELO
STREET ADDRESS 1154 COOPER DR.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE DVP
NAME KELLAM, ABEL
STREET ADDRESS 100 AVIATION DR. SOUTH #203
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bello Kellam **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)