## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F 67981 1. Entity Name ALLEN R. KELLEY CONSTRUCTION, INC. 04 FEB 16 PM 12: 32 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2922 O Corley Irland () Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Lees hurs 59 - 2507930 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent GARDNER, J. STEPHEN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 220 S. FRANKLIN ST Zip Code TAMPA 33602 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or high n the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE CR2E034B (12/02) 200028789062 KELLEY, ALLEN R. NAME NAME 02/16/04--01025--006 29220 S. CORLEY ISLAND RD. STREET ADDRESS STREET ADDRESS LESSBURG, FI. CITY-ST-7IP CITY-ST-ZIP TITLE TITLE KELLEY, DIANE W. NAME NAME 29220 S. CORIEY ISI. RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LESS BURG, FI. CITY ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

ICEN OR DIRECTOR

352 787 6855