

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F68242**

1. Entity Name

KELLY COMMUNICATIONS, INC.**FILED**
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 048 ***550.00

Principal Place of Business

Mailing Address

5555 GULF OF MEXICO DR.
#201
LONGBOAT KEY FL 342285555 GULF OF MEXICO DR.
#201
LONGBOAT KEY FL 34228-1997
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

59-2215575

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRUDEN, JAMES C
5555 GULF OF MEXICO DR #201
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VSD	TITLE	
NAME	MCCRUDEN, ELEANOR H.	NAME	
STREET ADDRESS	5555 GULF OF MEXICO DR	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	PTD	TITLE	
NAME	MCCRUDEN, JAMES C	NAME	
STREET ADDRESS	5555 GULF OF MEXICO DR	STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCCRUDEN, J. SHAWN	NAME	
STREET ADDRESS	200 LEXINGTON DR	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON IL	CITY-ST-ZIP	
TITLE		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	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. SHAWN MCCRUDEN 8/24/00 309 685 5975 x129