

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90108 024 ***150.00

0091344 AV

DOCUMENT # F88899

1. Entity Name
KELCOH, INC.



Principal Place of Business
**14093 SIMS ROAD
DELRAY BEACH FL 33484**

Mailing Address
**14093 SIMS ROAD
DELRAY BEACH FL 33484**



2. Principal Place of Business
14187 SIMS ROAD
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH FL
Zip
33484 Country
USA

City & State
Zip Country

4. FEI Number **59-2209599** ☒ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, PENNY
14093 SIMS ROAD
DELRAY BEACH FL 33484**

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

SIGNATURE *Penny Cohen* (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PVD COHEN, PENNY 14093 SIMS ROAD DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Penny Cohen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90141272
F88899

7/7/03

To whom it may concern,

I have spoken to a representative of yours, and brought to her attention how I never received my ~~initial~~ uniform business report. Here is a check for \$150 and the letter she suggested that I write to bring this matter to your attention.

Thank You

Sincerely,
Penny Cohen