

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90043 037 \*\*\*150.00

0348136 AV

DOCUMENT # F95000002847

1. Entity Name  
KILEY CAPITAL, INC.

## Principal Place of Business

120 S. OLIVE ST  
STE 404  
WEST PALM BCH FL 33401

## Mailing Address

120 S. OLIVE ST  
STE 404  
WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

340 ROYAL POINCIANA

## 3. Mailing Address

340 ROYAL POINCIANA

Suite, Apt. #, etc.

339-A

Suite, Apt. #, etc.

339-A

City &amp; State

PALM BEACH FL

City &amp; State

PALM BEACH FL

## 4. FEI Number

36-3991294

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KILEY, MICHAEL

120 S. OLIVE ST  
STE 404

WEST PALM BCH FL 33401

## 7. Name and Address of New Registered Agent

Name

KILEY, MICHAEL

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

340 ROYAL POINCIANA DR 339-A

City

PALM BEACH

FL

Zip Code

33480

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, 2002 Fee will be \$550.00**  
**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

CEO  
KILEY, MICHAEL  
113 COVENTRY PL  
PALM BEACH FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BLOEMERS, ANDREW J  
205-F SEA OATS DR  
JUNO BCH FL 33408

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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## 12. 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

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (9/01)