

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90055 005 ***150.00

DOCUMENT # J45223

1. Entity Name
KELCO, INC.

Principal Place of Business

**2422 SE SAPELO AVENUE
PORT ST LUCIE FL 34952
US**

Mailing Address

**2422 SE SAPELO AV
PT ST LUCIE FL 34952
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**529 SE NOME DR
PORT ST LUCIE**

3. Mailing Address

529 SE NOME DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLA

City & State

PORT ST LUCIE, FLA

4. FEI Number

59-2743959

Applied For

Not Applicable

Zip

34984

Country

Zip

34984

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLER, JAY N.
2422 SE SAPELO AVENUE
PT ST LUCIE FL 34952**

Name

JAY N. KELLER

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

529 SE NOME DR

City

PORT ST LUCIE

FL

Zip Code

34984

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **KELLER, JAY N.**
STREET ADDRESS **2422 SE SAPELO AVENUE**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE ☒ Change ☐ Addition
NAME **529 SE NOME DR**
STREET ADDRESS **PSL, FL 34984**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KELLER, GAIL**
STREET ADDRESS **2422 SE SAPELO AVENUE**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE ☒ Change ☐ Addition
NAME **529 SE NOME DR**
STREET ADDRESS **PSL, FL 34984**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

GAIL KELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

(561) 871-0071

Daytime Phone #

CR2E034 (10/00)