

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90360 007 ***150.00

DOCUMENT # J45223

1. Entity Name
KELCO, INC.

Principal Place of Business

Mailing Address

~~520 SE NOME DRIVE~~
~~PORT SAINT LUCIE FL 34984~~
~~US~~

~~520 SE NOME DRIVE~~
~~PORT SAINT LUCIE FL 34984~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2640 SW RIVER SHORES DR

3. Mailing Address

Suite, Apt. #, etc.
PORT ST LUCIE

Suite, Apt. #, etc.

City & State
FL 34984

City & State

Zip
34984

Country
US

Zip

Country

4. FEI Number
59-2743959

Applied For
 Not Applicable

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.
~~520 SE NOME DRIVE~~
~~PORT SAINT LUCIE FL 34984~~

Name
KELLER JAY N.
 Street Address (P.O. Box Number is Not Acceptable)
2640 SW RIVER SHORES 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]

GAIL KELLER

4-2-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
KELLER, JAY N.
~~520 SE NOME DRIVE~~
~~PORT SAINT LUCIE FL 34984~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
JAY N. KELLER
2640 SW RIVER SHORES DR
PSL, FL 34984

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
S
KELLER, GAIL
~~520 SE NOME DRIVE~~
~~PORT SAINT LUCIE FL 34984~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition
GAIL KELLER
2640 SW RIVER SHORES DR
PSL, FL 34984

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 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]

GAIL KELLER

4/2/02

772-871-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0565235 AV

CR2E034 (9/01)