2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01260 3849

1. Entity Name

KELLY & KELLY CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90197 025 ***150.00

Principal Place of Business	Mailing Address
3020 NORTH FEDERAL HIGHWAY BUILDING 11: 2ND FLOOR FT. LAUDERDALE FL 33306 US	C/O JOHN F. KELLY 3020 N FEDERAL HWY.. BLDG. 11. 2ND FL FT. LAUDERDALE FL 33306-1488 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Ste 11B	Suite, Apt. #, etc. Ste 11B
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2231103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JOHN F.
3020 N FEDERAL HWY BLDG 11 2ND FLOOR
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3020 N Fed Hwy Ste 11B

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 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	PD KELLY, JOHN F 3020 N FEDERAL HWY FT. LAUDERDALE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 3020 N Fed Hwy Ste 11B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KELLY, ELIZABETH 3020 N FEDERALY HWY., BLDG. 11 2ND FL FT. LAUDERDALE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition 3020 N Fed Hwy Ste 11B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 ON FILE 2-9-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #