

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03499

1. Entity Name

LINDA KELSEY, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90114 036 ***150.00

Principal Place of Business

Mailing Address

~~4762 OLD FARM RD~~ 1846 S. TAMiami TRAIL P O BOX 658 1846 S. TAMiami
~~SARASOTA FL 34233~~ Venice FL 34293 VENICE FL 34294 0858 Venice FL 34293
~~US - US~~ US

00005914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1846 S. TAMiami TRAIL

1846 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1-2-3

Suite 1-2-3

City & State

City & State

VENICE FL

VENICE FL

Zip

Country

Zip

Country

34293

USA

34293

USA

4. FEI Number

NOT APPLICABLE

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

MACRIS, STEVEN
609 S TAMiami TRAIL
VENICE FL 34285

Name

MACRIS, STEVEN

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

227 PENSACOLA ROAD

City

VENICE

FL

Zip Code

34285

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, 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	P	<input type="checkbox"/> Delete
NAME	KELSEY, LINDA S	
STREET ADDRESS	4762 OLD FARM RD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, LINDA S	
STREET ADDRESS	7436 BOTANICA PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

941-493-3181

Daytime Phone #

CR2E034 (10/00)