

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90116 015 ***550.00

DOCUMENT # K86338

1. Entity Name
KELLY DEVELOPMENT GROUP, INC.

Principal Place of Business

**839 EAST PARK AVE
 STE C
 TALLAHASSEE FL 32301**

Mailing Address

**839 EAST PARK AVE
 STE C
 TALLAHASSEE FL 32301**

2. Principal Place of Business

3749 SHAMROCK W.

Suite, Apt. #, etc.

3. Mailing Address

3749 SHAMROCK WEST

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-2957260

Applied For

Not Applicable

Zip **32309**

Country **USA**

Zip **32309**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, RUSSELL J
 839 EAST PARK AVE
 STE C
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **KELLY, RUSSELL J**
 Street Address (P.O. Box Number is Not Acceptable)
3749 SHAMROCK W
 City **TALLAHASSEE** FL Zip Code **32309**

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 **Russell J. Kelly** **RUSSELL J. KELLY**

9/3/02

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	DP	<input type="checkbox"/> Delete
NAME	KELLY, RUSSELL J	
STREET ADDRESS	3749 SHAMROCK WEST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KELLY, CATHERINE M	
STREET ADDRESS	3749 SHAMROCK WEST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ISHAM, CAROLINE M	
STREET ADDRESS	4131 RED OAK COVE	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KELLY, CATHERINE M	
STREET ADDRESS	1131 RED OAK COVE	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KELLY, ERIN	
STREET ADDRESS	910 VIRGINIA AVE NE	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	508 NO. ALEXANDER	
CITY-ST-ZIP	WASHINGTON GA 30673	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE SISUNG	
STREET ADDRESS	9629 F TORO CREEK COVE	
CITY-ST-ZIP	AUSTIN TEXAS 78759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	87 DUNN CIRCLE	
CITY-ST-ZIP	ATLANTA, GA 30307	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: **Russell J. Kelly** **PRESIDENT** **9/3/02** **850.893.1016**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #