

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 012 ***150.00

DOCUMENT # **K98212** ✓

1. Entity Name

A.W. KELLEY'S GARDENS, INC.

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O ARTHUR KELLEY

3. Mailing Address
C/O ARTHUR KELLEY

Suite, Apt. #, etc.
6901 HENDRY CREEK DRIVE

Suite, Apt. #, etc.
6901 HENDRY CREEK DRIVE

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-0123150

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARTHUR KELLEY

Street Address (P.O. Box Number is Not Acceptable)
6901 HENDRY CREEK DRIVE

City
FORT MYERS

FL

Zip Code
33908

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, ARTHUR W.
6901 HENDRY CREEK DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, DIXIE P.
6901 HENDRY CREEK DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, DREW
6901 HENDRY CREEK DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, KENT
6901 HENDRY CREEK DRIVE
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dixie P. Kelley Dixie P. Kelley ✓

Date

Daytime Phone #

CR2E034B (12/01)