

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90006 031 ***150.00

DOCUMENT # L13275

1. Entity Name

MIKE KELLY & CO., INC.

Principal Place of Business

1751C SO DIXIE HWY
 STE 18
 POMPANO BCH FL 33060
 US

Mailing Address

1751C SO DIXIE HWY
 STE 18
 POMPANO BCH FL 33060
 US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0138285**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, HARRY W
 1751C SO DIXIE HWY #18
 POMPANO BCH FL 33060

Name

Squire, Ian G.

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

4201 Bougainville Drive

City

Ft. Lauderdale

FL

Zip Code

33308

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 (if different) agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

I. Squire

2/9/01

Ian G. Squire President

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	D <input checked="" type="checkbox"/> Delete
NAME	JONES, HARRY W
STREET ADDRESS	1668 NE 40TH ST
CITY-ST-ZIP	OAKLAND PARK FL 33334
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JONES, PATRICIA
STREET ADDRESS	1668 NORTHEAST 40 STREET
CITY-ST-ZIP	OAKLAND PARK FL 33334
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Ian G. Squire</u>
STREET ADDRESS	<u>4201 Bougainville Drive</u>
CITY-ST-ZIP	<u>Ft. Lauderdale FL 33308</u>
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Philip J. Hatt</u>
STREET ADDRESS	<u>9010 Southlake Dasha Drive</u>
CITY-ST-ZIP	<u>Plantation FL 33324</u>
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:

I. Squire

Ian G. Squire President (954) 941-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)