

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91305 049 \*\*\*150.00

**DOCUMENT # L36284**1. Entity Name  
**KILDAY & ASSOCIATES, INC.**Principal Place of Business  
**1551 FORUM PLACE #100A  
W PALM BEACH FL 33401**Mailing Address  
**1551 FORUM PLACE #100A  
W PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0171296**Applied For  
Not Applicable

Zip

Country

Zip

Country

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****KIERAN J. KILDAY  
1551 FORUM PLACE #100A  
WEST PALM BEACH FL 33401**

Name

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PTD ROBINSON, MELINDA L 1551 FORUM PLACE - STE 100A WEST PALM BEACH FL</b>			
<b>VPD KILDAY, KIERAN J 1551 FORUM PLACE - STE 100A WEST PALM BEACH FL</b>			
<b>SD WALTER, COLLENE W 1551 FORUM PLACE, STE 100A WEST PALM BEACH FL</b>			
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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:** **Melinda L. Robinson****4/29/02 561 689-5522**

Date

Daytime Phone #

CR2E034 (9/01)