

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46290

1. Entity Name

KELLY INDUSTRIAL SUPPLY, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90092 040 \*\*\*150.00

Principal Place of Business

Mailing Address

% JAMES H THIEMAN  
9471 BAYMEADOWS RD SUITE 307  
JACKSONVILLE FL 32256

% JAMES H THIEMAN  
9471 BAYMEADOWS RD SUITE 307  
JACKSONVILLE FL 32258-2476

2. Principal Place of Business

3. Mailing Address

11474 COLUMBIA PARK DR W  
Suite, Apt. #, etc.

11474 COLUMBIA PARK DRIVE W  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip Country  
32258 USA

Zip Country  
32258 USA

4. FEI Number 59-3001139

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

THIEMAN, JAMES H.  
9471 BAYMEADOWS RD SUITE 307  
JACKSONVILLE FL 32256

Name  
JAMES H THIEMAN  
Street Address (P.O. Box Number is Not Acceptable)  
11474 COLUMBIA PARK DRIVE W  
City  
JACKSONVILLE FL Zip Code  
32258

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, 2000 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	THIEMAN, JAMES H	9471 BAYMEADOWS RD #307	JACKSONVILLE FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E034 (9/99)