

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90068 036 ***150.00

DOCUMENT # L79170

1. Entity Name

K & S MANUFACTURING, INC.

Principal Place of Business

**% JOHN KELLY
10771 HWY 40 EAST
INGLIS FL 34449
US**

Mailing Address

**% JOHN KELLY
10771 HW 40 EAST
INGLIS FL 34449
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3009382

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

**JOHN W. KELLY
SEA SIDE RETREAT #102
8030 FIRST COAST HWY.
AMELIA ISLD FL 32034**

7. Name and Address of New Registered Agent

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	KELLY, JOHN W	8030 FIRST COAST HWY. #102	FERNANDINA BEACH FL 32034	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SHARKEY, JON	11579 OSAGE RD	DUNNELLON FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SHARKEY, AMY	11579 OSAGE RD	DUNNELLON FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	KELLY, MARJORIE	8030 FIRST COAST HWY. #102	FERNANDINA BEACH FL 32034	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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

AMY SHARKEY

Date

2/20/01 352-447-3571

Daytime Phone #

CR2E034 (10/00)