

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003489

1. Entity Name  
KELLY ELECTRIC LLC

Principal Place of Business  
2100 CONSULATE DR., SUITE 100  
ORLANDO FL 32837

Mailing Address  
2100 CONSULATE DR., SUITE 100  
ORLANDO FL 32837-8360

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3555148

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMAS, ANN M  
2100 CONSULATE DR., SUITE 100  
ORLANDO FL 32837

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR MITCHELL, JAMES D  
STREET ADDRESS 2100 CONSULATE DR., SUITE 100  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE NAME MGR LOMAS, ANN M  
STREET ADDRESS 2100 CONSULATE DR., SUITE 100  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003221807--8  
CITY-ST-ZIP -04/24/00--01168--009  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME MGR MARTIN, JANE MITCHELL  
STREET ADDRESS 2100 CONSULATE DR., SUITE 100  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

KELLY ELECTRIC LLC

SIGNATURE:

*Ann M. Lomas* Ann M. Lomas

4/6/00

407-859-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)