

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0017731

DOCUMENT # **L99000008795**

1. Entity Name

COLIN KELLEY TRACTOR WORK, LLC

03-20-2002 90006 014 *****50.00

Principal Place of Business

~~1013 E BRANDON BLVD~~
~~BRANDON FL 33811~~

Mailing Address

1013 E BRANDON BLVD
 BRANDON FL 33811

New Address:

2. Principal Place of Business

3. Mailing Address

Colin Kelley Tractor Work, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2038 Front St.

City & State

City & State
Valrico, FL 33594



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3611971**

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

NORMAN, CHRISTOPHER H ESQ
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

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
Due By May 1, 2002

9. MANAGING MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM**
 NAME **KELLEY, COLIN P**
 STREET ADDRESS **2038 Front St.**
 CITY-ST-ZIP **Valrico, FL 33594**
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **MGRM**
 NAME **KELLEY, NANCY K**
 STREET ADDRESS **2038 Front St.**
 CITY-ST-ZIP **Valrico, FL 33594**
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Delete

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 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Nancy Kelley
NANCY KELLEY 1/16/02 813654-3786

CR2E083 (9/01)