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FILED
Jun 21, 2001 8:00 am
Secretary of State

05-14-2001 90201 040 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44871

1. Entity Name

KELLY DOCKS CHARTER SERVICE, INC.

(Handwritten mark)

Principal Place of Business

78 E. HWY. 88
DESTIN FL 32541
US

Mailing Address

P O BOX 753
DESTIN FL 32540
US

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

59-3111793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, STOKES
1 ANN CIRCLE
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **JACKIE ARNOLD**
Street Address (P.O. Box Number is Not Acceptable)
320 SUMMIT DR
City **Destin** FL Zip Code **32541**

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

(Handwritten Signature) **JACKIE ARNOLD, Pres.**

4/30/01
DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, JACKIE 320 SUMMIT DR. DESTIN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOD TAYLOR, JOE M. 219 SIBERT AVE. DESTIN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD STOKES, WALKER #1 ANN CIRCLE DESTIN FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adam R. Miller 330-D Sibert Ave Destin, FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Secretary Treasurer Director	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Director	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Director	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Handwritten Signature) **JACKIE ARNOLD, Pres.** **4/30/01 80881249**
Date Daytime Phone #

CR2E037 (10/00)