

FILED

Jan 30, 2003 8:00 am
Secretary of State

01-13-2003 90132 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000028065

1. Entity Name

KELLOW'S RAPID RESPONSE PLUMBING, INC.



Principal Place of Business

1015 ATLANTIC BLVD., #298
ATLANTIC BCH FL 32233

Mailing Address

1015 ATLANTIC BLVD., #298
ATLANTIC BCH FL 32233

2. Principal Place of Business

910 11th Ave South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50165
Suite, Apt. #, etc.☒ CHECK HERE IF MAKING CHANGES

City & State

Jax Bch FL

City & State

Jax Bch FL

4. FEI Number

59-3630022

Applied For

Not Applicable

Zip

32250

Country

U.S.A.

Zip

32240-0165

Country

U.S.A.

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

KELLOW, ROBERT

1015 ATLANTIC BLVD., #298

ATLANTIC BCH FL 32233

KELLOW'S RAPID RESPONSE

PLUMBING INC.

P.O. Box 50165

Jax Bch, FL 32240-0165

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLOW, ROBERT	
STREET ADDRESS	1015 ATLANTIC BLVD., #298	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VERES, DAVID	
STREET ADDRESS	1015 ATLANTIC BLVD #298	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLYAN, ROBERT Robert Kellan	
STREET ADDRESS	1015 ATLANTIC BLVD #298	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)