

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90004 050 ***550.00

DOCUMENT # P00000033085

1. Entity Name
KELLY DIVERSIFIED SERVICES INC.

Principal Place of Business
1423 CATHERINE STREET
ORLANDO FL 32801

Mailing Address
1423 CATHERINE STREET
ORLANDO FL 32801

2. Principal Place of Business
1105 Stetson St.

3. Mailing Address
1105 Stetson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3636028

Applied For
☒ Not Applicable

Zip
32804

Country
USA

Zip
32804

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, PATRICK H
1423 CATHERINE STREET
ORLANDO FL 32801

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 **Patrick H. Kelly**

(NOTE: Registered Agent signature required when reinstating)

DATE **9/10/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D KELLY, PATRICK H
1423 CATHERINE STREET
ORLANDO FL 32801

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Kelly, Patrick H.
1105 Stetson St.
Orlando, FL 32804

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/01

(407) 375-6449

CR2E034 (5/01)