

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-15-2001 90137 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039872

1. Entity Name

KELLY CONSULTING, INC.

Principal Place of Business

3151 SOUTH BABCOCK ST APT 135
 MELBOURNE FL 32901

Mailing Address

3151 SOUTH BABCOCK ST APT 135
 MELBOURNE FL 32901

2. Principal Place of Business

1362 Harvard Circle

3. Mailing Address

1362 Harvard Circle

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEL Number

59-3645476

Applied For

Not Applicable

Zip

32905

Country

BREVARD

Zip

32905

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHRISTIAN J
 3151 SOUTH BABCOCK ST APT 135
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1362 Harvard Circle #8

City

MELBOURNE

FL

Zip Code

32905

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN KELLY
STREET ADDRESS	3151 S. BABCOCK ST APT 135
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PSD CHRISTIAN J KELLY
STREET ADDRESS	1362 HARVARD CIRCLE #8
CITY - ST - ZIP	MELBOURNE FL 32905
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	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Christian Kelly CHRISTIAN KELLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/01

Daytime Phone #

CR2034 (10/00)