## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

## Feb 13, 2002 8:00 am P00000074046 DOCUMENT # **Secretary of State** 1. Entity Name 02-13-2002 90005 038 \*\*\*158.75 KELLY-PLAIN CONSTRUCTION, INC. Principal Place of Business RI 1. BOX 3390 Mailing Address MADISON FL 32340 RT 1. BOX 3390 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address 2577 NE 577 NE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3666575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NELSON, ANDREA V** Street Address (P.O. Box Number is Not Acceptable) 215 N MONROE ST, STE 600-A TALLAHASSEE FL 32301 City 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. METALES WAS GOVERNOUS TO THE WAS THE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Change ☐ Addition TITLE ☐ Delete TITLE PLAIN, GENA KAY Plain, Gena Kay NAME NAME CR2E034 STREET ADDRESS RT 1, BOX 3390 STREET ADDRESS 2577 NE Hwy 6 MADISON FL 32340 CITY-ST-ZIP CITY-ST-7IP Madison FL 32340 Change Addition ☐ Delete TITLE TITLE NAME PLAIN, JOANN NAME STREET ADDRESS STREET ADDRESS RT/1, BOX 3390 CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP ☐ Delete Change Ch ☐ Addition TITLE TITLE Plain, Daniel Lee 2577 NE Hwy 6 NAME NAME PLAIN, DANIEL LEE STREET ADDRESS RT 1, BOX 3390 STREET ADDRESS Madison . FL. CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empower