


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90238 030 \*\*\*150.00

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

DOCUMENT # *P00000085252*  
 1. Entity Name  
 Kelly GP, Inc.



11016871

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1201 George Bush Blvd. Suite, Apt. #, etc.	3. Mailing Address 1201 George Bush Blvd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach, FL	City & State Delray Beach, FL	4. FEI Number 651059148	Applied For Not Applicable
Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Chapin, Robert D.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1201 George Bush Blvd.  
 City Delray Beach FL Zip Code 33483

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.

Director

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 NAME STREET ADDRESS CITY - ST - ZIP	Flynn, Ingrid M., Director 72 N. Water Street New Bedford, MA 02740	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Flynn, Thomas K., Director 72 N. Water Street New Bedford, MA 92740	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kelley, Thomas C., Director 1221 SE 14th Court Deerfield Beach, FL 33441	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* Director Date: *4/22/03* Daytime Phone #: 561-272-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR