

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90314 003 ***150.00

DOCUMENT # P01000015457

1. Entity Name
SKELLY VENTURES, INC.



Principal Place of Business
**3467 SACRAMENTO WAY
NAPLES FL 34105**

Mailing Address
**3467 SACRAMENTO WAY
NAPLES FL 34105**

2. Principal Place of Business
2232 Oleada Court
Suite, Apt. #, etc.

3. Mailing Address
2232 Oleada Court
Suite, Apt. #, etc.

City & State
Englewood FL
Zip
34224
Country
USA

City & State
Englewood FL
Zip
34224
Country
USA

4. FEI Number
65-1092866

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KELLY, WILLIAM G
3467 SACRAMENTO WAY
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name
Kelly, William G
Street Address (P.O. Box Number is Not Acceptable)
2232 Oleada Court
City
Englewood **FL** Zip Code
34224

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

3/1/03

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 | KELLY, WILLIAM G |
| STREET ADDRESS | 3467 SACRAMENTO WAY |
| CITY-ST-ZIP | NAPLES FL 34105 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KELLY, SABRYNA M |
| STREET ADDRESS | 3467 SACRAMENTO WAY |
| CITY-ST-ZIP | NAPLES FL 34105 |
| 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 | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kelly, William G |
| STREET ADDRESS | 2232 Oleada Court |
| CITY-ST-ZIP | Englewood, FL 34224 |
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kelly, Sabryna M. |
| STREET ADDRESS | 2232 Oleada Court |
| CITY-ST-ZIP | Englewood FL 34224 |
| 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 | |

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 like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03 **941-697-2136**
Date Daytime Phone #

CR2E034 (10/02)