

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90097 019 ***150.00

DOCUMENT # P01000016024



1. Entity Name
W & G KELLY ENTERPRISES, INC.

Principal Place of Business
**2886 OAK CREEK LANE
JACKSONVILLE FL 32221**

Mailing Address
**2886 OAK CREEK LANE
JACKSONVILLE FL 32221**

2. Principal Place of Business

2886 OAK CREEK LN

Suite, Apt. #, etc.

3. Mailing Address

2886 OAK CREEK LN

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State **FLA** City & State **FLA** 4. FEI Number **59-3699460** Applied For ☐ Not Applicable

Zip **32221** Country **USA** Zip **32221** Country **USA** 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, ARNOLD W
2886 OAK CREEK LANE
JACKSONVILLE FL 32221**

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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KELLY, ARNOLD W	
STREET ADDRESS	2886 OAK CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KELLY, GLENDA B	
STREET ADDRESS	2886 OAK CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
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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

Date

Daytime Phone #

CR2E034 (10/02)