2002	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
\-				

DOCUMEN  1. Entity Name  KELLEHER CON	IT # P01000 NSTRUCTION, INC.	PILED  02 OCT 10 AM IO: 51			
Principal Place of Business  4452 HARBOR HILLS DR.  LARGO FL 33770  Mailing Address  4452 HARBOR HILLS DR.  LARGO FL 33770  Mailing Address  4452 HARBOR HILLS DR.  LARGO FL 33770  Mailing Address			- P.O. 86371 Padeira Beach FL 3373	4	
Principal Place of Business     3. Mailing A		3. Mailing Address		38	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
KELLEHER, JOYCE 4452 HARBOR HIL LARGO FL 33770  8. The above named er the obligations of reg	LS DR.	he purpose of changing its	City	ress (P.O. Box Number is Not Acceptable)  FL Zip Code  istered agent, or both, in the State of Florida. It am familiar with, and accept	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Signature, typed or printed name of registered agent and title if applicable.				750.00 State 10. Election Campaign Financing \$5.00 May Be Added to Fees	
TITLE D NAME KELLEH STREET ADDRESS 4452 H/4	ER, JOYCE J ARBOR HILLS DR. FL 33770	□ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  SDDDDBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	he information supplied with this	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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:

10-7-02

727-582-9229

October 7, 2002

Kelleher Construction P.O. Box 86371 Madeira Beach, FL 33738

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir/Madame:

Enclosed please find my check for \$150 for the original amount requested for the 2002 Uniform Business Report (UBR). This is the first such document I have received as the mailing address on this report was incorrect. I have corrected the mailing address on the report. It should read: Post Office Box 86371, Madeira Beach, Florida 33738. Thank you.

Kelleher Construction

Joyce J. Kelleher, President