

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90035 006 ***150.00

04/05/02 AV

DOCUMENT # P01000055151

1. Entity Name
KELCO INC.

Principal Place of Business

**119-108TH AVENUE
UNIT 313
TREASURE ISLAND FL 33706**

Mailing Address

**119-108TH AVENUE
UNIT 313
TREASURE ISLAND FL 33706**



2. Principal Place of Business

151-107th Ave.

3. Mailing Address

151-107th Ave.

Suite, Apt. #, etc.

Suite J

Suite, Apt. #, etc.

Suite J

City & State

Treasure Is, FL

City & State

Treasure Is, FL

Zip

33706

Country

US

Zip

33706

Country

US

4. FEI Number

59-3723886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Laurel ANN COYLE

Street Address (P.O. Box Number is Not Acceptable)

151-107th Ave

Suite J

City

Treasure Is FL

Zip Code

33706

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.

SIGNATURE

Laurel Ann Coyle **SECRETARY Laurel ANN Coyle** **2/14/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COYLE, KELLY L**
STREET ADDRESS **119-108TH AVENUE UNIT 313**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **SD** ☐ Delete
NAME **COYLE, LAUREL ANN**
STREET ADDRESS **119-108TH AVENUE UNIT 313**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **TD** ☐ Delete
NAME **COYLE, R. TERRENCE**
STREET ADDRESS **119-108TH AVENUE UNIT 313**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **151-107th Ave, Suite J**
CITY-ST-ZIP **Treasure Is, FL 33706**

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

Laurel Ann Coyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)