

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90146 038 \*\*\*150.00

**DOCUMENT # P01000055151**

1. Entity Name  
**KELCO INC.**



Principal Place of Business  
**151 107TH AVE  
SUITE J  
TREASURE ISLAND FL 33706**

Mailing Address  
**151 107TH AVE  
SUITE J  
TREASURE ISLAND FL 33706**



2. Principal Place of Business

3. Mailing Address

**159-107<sup>th</sup> AVE**  
Suite, Apt. #, etc.  
**TREASURE IS, FL**  
City & State

**159-107<sup>th</sup> AVE**  
Suite, Apt. #, etc.  
**TREASURE IS, FL**  
City & State

Zip **33706** Country **US**

Zip **33706** Country **US**

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**COYLE, LAUREL A** **NOTE:**  
**151 107TH AVE** **ADDRESS**  
**SUITE J** **CHANGE**  
**TREASURE ISLAND FL 33706**

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]** (NOTE: Registered Agent signature required when reinstating) DATE **4/15/03**

**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

11. **PD** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COYLE, KELLY L</b> <b>151 107TH AVE SUITE J</b> <b>TREASURE ISLAND FL 33706</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>COYLE, LAUREL ANN</b> <b>151 107TH AVE SUITE J</b> <b>TREASURE ISLAND FL 33706</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COYLE, R. TERRENCE</b> <b>151 107TH AVE, SUITE J</b> <b>TREASURE ISLAND FL 33706</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Coyle R. Terrence</b> <b>159-107<sup>th</sup> AVE</b> <b>TREASURE IS, FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Coyle, Laurel Ann</b> <b>159-107<sup>th</sup> AVE</b> <b>TREASURE IS, FL 33706</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS CHANGE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Coyle R. Terrence</b> <b>159-107<sup>th</sup> AVE</b> <b>TREASURE IS, FL 33706</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS CHANGE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03** **727-367-6967**  
Date Daytime Phone #

CR2E034 (10/02)