

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2002 90353 048 ***150.00

DOCUMENT # **P01000064820**

1. Entity Name
Kelley MANAGEMENT GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1530 S. HARBOR DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

4. FEI Number

59-3727964

Applied For

☐ Not Applicable

Zip

32952

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HARDING ROBERT L.

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

20 N. FOCA DRIVE

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Kelley, Kevin
1530 S. HARBOR DR.
MERRITT ISLAND FL 32952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Kelley, David
1530 S. HARBOR DR.
MERRITT ISL FL 32952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Kelley, Christine
1530 S. HARBOR DR.
MERRITT ISL FL 32952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelvin Kelley

4-30-02

321 432-9096

Date

Daytime Phone #

CR2E034B (12/01)