FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091668 ✓

1. Entity Name

LAW OFFICES OF KELLIE J KILLEBREW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
420 W. INDIANTOWN RD	14725 92 CT. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL.	City & State: WEST PALM BEACH, FL
Zip: 33458 Country: USA	Zip: 33412 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1140295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KELLIE J. KILLEBREW

Street Address (P.O. Box Number is Not Acceptable): 420 W. INDIANTOWN RD

City: JUPITER, FL Zip Code: 33458

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT KELLIE J. KILLEBREW 420 INDIANTOWN RD. JUPITER, FL. 33458
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CR2E034B (12/01)

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: Kellie J. Killebrew KELLIE J. KILLEBREW 4/27/02 (561) 845-3414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #