

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90069 038 ***158.75

DOCUMENT # P02000004037

1. Entity Name

KELLY MARKETING & ADVERTISING, INC.



Principal Place of Business

**530 N. RIDGEWOOD
DAYTONA BEACH FL 32114**

Mailing Address

**530 N. RIDGEWOOD
DAYTONA BEACH FL 32114**

2. Principal Place of Business

**718 E. International Speedway Blvd
Suite, Apt. #, etc.
#1**

3. Mailing Address

**718 E. International Speedway Blvd
Suite, Apt. #, etc.
#1**

City & State

Daytona Beach Florida

City & State

Daytona Beach Florida

4. FEI Number

260010091

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

32118

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

Vivian Gail Kelly

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

3960 Oak Trail Run

Apt # 2201

City

Port Orange

FL

Zip Code

32127

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

(NOTE: Registered Agent signature required when reinstating)

1/22/03
DATE

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

TITLE **DPST** ☐ Delete
NAME **KELLY, VIVIAN GAIL**
STREET ADDRESS **3960 OAK TRAIL RUN, #2201**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

1/22/03
Date

386-253-7551
Daytime Phone #

CR2E034 (10/02)