

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90123 009 ***150.00

DOCUMENT # P02000042372

1. Entity Name
KELLEY RESTAURANTS, INC.



Principal Place of Business
4241 NEW HAMPSHIRE ROAD
ELKTON FL 32033

Mailing Address
4241 NEW HAMPSHIRE ROAD
ELKTON FL 32033



2. Principal Place of Business

10464 PHILLIPS HWY
Suite, Apt. #, etc.
UNIT 201

3. Mailing Address

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State

Zip
32256 **Country**
USA

Zip **Country**

4. FEI Number
45-0473777

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, SCOTT
4241 NEW HAMPSHIRE ROAD
ELKTON FL 32033

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DEBBIE L. KELLEY
4241 NEW HAMPSHIRE RD
ELKTON, FL 32033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
STEVEN KELLEY
4022 TYNDER CREEK PL
JAX. FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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: **DEBBIE L. KELLEY** **1-30-03 904-824-9682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)