

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-03-2003 90113 010 ***158.75

0003358 AT

DOCUMENT # P02000125716

1. Entity Name
KELLY MASONRY CONTRACTORS, INC.



Principal Place of Business
**2036 16TH AVE., S.W.
VERO BEACH FL 32962-6870**

Mailing Address
**2036 16TH AVE., S.W.
VERO BEACH FL 32962-6870**



2. Principal Place of Business
2025 13th Ave. SW

3. Mailing Address
2025 13th Ave. SW

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32962

Country
USA

Zip
32962

Country
USA

4. FEI Number
32-0046083

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JOHN J
2036 16TH AVE., S.W.
VERO BEACH FL 32962-6870

7. Name and Address of New Registered Agent

Name
Kelly, John J

Street Address (P.O. Box Number is Not Acceptable)
2025 13th Ave. SW

City
Vero Beach

FL Zip Code
32962

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 *John J Kelly* (**JOHN J. KELLY**) DATE **3/31/2003**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, JOHN J 2036 16TH AVE., S.W. VERO BEACH FL 32962-6870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DGETLUCK, NANCY 2036 16TH AVE., S.W. VERO BEACH FL 32962-6870	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kelly, John J. 2025 13th Ave. SW Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Dgetluck, Nancy 2025 13th Ave SW Vero Beach, FL 32962	<input checked="" 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	Change of Address only	<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: *John J Kelly* (**JOHN J. KELLY / PRESIDENT**) DATE **3/31/2003** DAYTIME PHONE # **(772) 778-1180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)