2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P92000014032

1. Entity Name

KELLY FRANTAL, INC.

Principal Place of Business

SIGNATURE: 丛

466 DOUGLAS ROAD EAST OLDSMAR FL 34677			466 DOUGLAS ROAD EAST OLDSMAR FL 34677-2948				<u></u> :U	ហ្វួប១ (្រុ	JJ .		
							 155 100 110		1111 au ni abit	1 (118)) BIBI(88188	1184 5 11 8 11 183 5
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THI	S SPACE	•
City & State			City & State			4.	FEI Number	59-31501	19		Applied For
Zíp	I	Country Zip C		Cour	ntry	5.	5. Certificate of Status Desired				ditional
6. Name and Address of Current Registered Agent						7.		dress of New		d Agent	
ANTAL, JOHN L 466 DOUGLAS ROAD EAST OLDSMAR FL 34677					Name						
					Street Address (P.O. Box Number is Not Acceptable)						
V.D	01111111111				City				F	Zip Co	de
0 The		y submits this statement for t									
SIGNATURE .		or printed name of registered agant and	d title if applicable. (NOT			re required when o			DATE		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee v Make Check Payable to De		will be \$5	50.00	1	on Campaign f Fund Contribut	-		00 May Be ed to Fees
11.		OFFICERS AND D	IRECTORS	12.		Al	DDITIONS/CH	IANGES TO O	FICERS A	VD DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	ohn L Glas road east R FL 34677	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	466 DOU	RANCES M GLAS ROAD EAST R FL 34677	☐ Delete				. <u>.</u>	_		☐ Change	Addition
- TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STRE	E E EET ADDRESS -ST-ZIP			Pro Regional Association	-	— □ Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						-	Change	Addition
indicated of the cor	on this repor poration or th	e information supplied with the tor suppliemental report is true receiver or trustee empowentent with an address, with	ue and accurate and that rered to execute this report	my signat : as requi	ture shall ha	ve the same	legal effect as	s if made under	roath: that	l am an officei	r or director

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90030 049 ***150.00

2E034 (9/99)

Daytime Phone #