

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014032

1. Entity Name  
KELLY FRANTAL, INC.

FILED  
Jun 25, 2002 8:00 am  
Secretary of State

05-27-2002 90459 021 \*\*\*150.00

Principal Place of Business  
466 DOUGLAS ROAD EAST  
OLDSMAR FL 34677  
4334 Ridgemoor Dr  
Palm Harbor FL 34685

Mailing Address  
466 DOUGLAS ROAD EAST P.O. Box  
OLDSMAR FL 34677 1427  
Oldsmar FL 34677

2. Principal Place of Business  
4334 Ridgemoor Dr

3. Mailing Address  
P O Box 1427  
Suite, Apt. #, etc.  
Oldsmar, FL 34677

City & State  
Palm Harbor FL

Zip 34685 Country Pinellas

6. Name and Address of Current Registered Agent

ANTAL, JOHN L  
466 DOUGLAS ROAD EAST  
OLDSMAR FL 34677  
4334 Ridgemoor Dr  
Palm Harbor FL 34685

7. Name and Address of New Registered Agent  
Name Frances  
John Antal  
Street Address (P.O. Box Number is Not Acceptable)  
P O Box 1427 4334 Ridgemoor DR  
City Palm Harbor  
Oldsmar, FL FL Zip Code 34685

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 Frances M. Antal John Antal 4-29-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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	D	<input type="checkbox"/> Delete
NAME	ANTAL, JOHN L	
STREET ADDRESS	466 DOUGLAS ROAD EAST	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTAL, FRANCES M	
STREET ADDRESS	466 DOUGLAS ROAD EAST	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antal, John	
STREET ADDRESS	P O Box 1427	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antal, Frances M.	
STREET ADDRESS	P O Box 1427	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances M. Antal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)