

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90053 034 ***150.00

DOCUMENT # *P93000037103*

1. Entity Name

Kelly's Treasure, INC.



DO NOT WRITE IN THIS SPACE

14003717

2. Principal Place of Business

3665 E. Bay Drive

Suite, Apt. #, etc.

Suite 204-144

City & State

Largo, FL

Zip

33771

Country

U.S.A.

3. Mailing Address

3665 E. Bay Drive

Suite, Apt. #, etc.

Suite 204-144

City & State

Largo, FL

Zip

33771

Country

U.S.A.

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4. FEI Number

65-0411127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Karen H. Mancuso

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

3665 E. Bay Drive

Suite 204-144

City

Largo

FL

Zip Code

33771

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PVSTD*
NAME *Karen H. Mancuso*
STREET ADDRESS *3665 E. Bay Dr. Ste. 204-144*
CITY-ST-ZIP *Largo, FL 33771*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen H. Mancuso* *Karen H. Mancuso* *4-13-04* *727-459-2086*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)