

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90139 031 \*\*\*150.00

**DOCUMENT # P94000030765**

1. Entity Name  
**KELLY-WORKMAN TOOL COMPANY**

Principal Place of Business <b>2991 S 63 AVE E          BRADENTON FL 34203          US</b>	Mailing Address <b>2331 S 63 AVE E          BRADENTON FL 34203-5016          US</b>
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2. Principal Place of Business <b>6142 15th St East</b>	3. Mailing Address <b>6142 15th St E</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Bradenton FL</b>	City & State <b>Bradenton FL</b>	4. FEI Number <b>59-3242843</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34203</b>	Country <b>Manatee</b>	Zip <b>34203</b>	Country <b>Manatee</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HENDRICKSON, ROBERT W  
 1206 MANATEE AVE W  
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE: *Susan H. Kelly* (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELLY, JAY H. 1010 NW 68-ST BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPG KELLY, TODD M. 4001 HIGHLAND AVE BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KELLY, SUSAN 1010 NW 68TH STREET BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPM KELLY, MICHAEL T 1807 55TH AVE W BRADENTON FL</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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
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

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: *Susan H. Kelly* SIGNATURE REQUIRED *Susan H. Kelly* DATE: 4/24/00 DAYTIME PHONE #: 941-727-8665

CR2E034 (9/99)