2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000010092 **DOCUMENT #**

1. Entity Name

KELBY INTERNATIONAL, INC.



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90127 040 ***150.00

						900 W	ETRO					
Principal Place of Business 12990 MARSH LANIUS PALM BCH GARDENS FL 33418-7503 US				Mailing Address 12990 MARSH LANDING PALM BCH GARDENS FL 33418-7503 US								
2. Principal Place of Business 12990 Marsh Landing				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4 . F	FEI Number 22-2975388 Applied For Not Applicab			
Zìp	Country			Zip	try	5. Certificate of Status D			S8.75 Additional Fee Required			
	6. Name	and Address	of Current Rec	istered Agent	~	7. Name and Address of New Registered Agent						
FLANIGAN, JOHN F 625 N FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401						Name Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod	e
	e named entil tions of regis		statement for the	e purpose of changing it	s registere	L ed office or	r registere	ed ag	ent, or both, in the State of Florid	a. Iam far	l hiliar with,	and accept
SIGNATURE		or printed name of	registered agent and ti	tle if applicable. (NO	TE: Registere	d Agent signat	ure required v	when re	einstating)	DATE		
Afte	r May 1, 20		e \$550.00 partment of St						Election Campaign Finant Trust Fund Contribution.		Added	May Be I to Fees
10.		OFF	ICERS AND DIR	ECTORS	11,			AD	DITIONS/CHANGES TO OFFICE			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WAY DRIVE	SUITE 285 NS FL 33410	□ Delete ·			1299 Pall	ن را د	narsh Landing. Beach Gardens,		Ğ Change ≷.५।8,	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		-					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Special Control	Tipper	Delete			-2-	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						<u>[</u>] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete ·							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, Delete							Change	Addition
12. I hereby of indicated of the conchanged,	certify that the on this report poration or the or on an atta	e information a rt or suppleme ne receiver or achment with a	supplied with this ntal report is true rustee empower in address, with	filing does not gualify for e and accurate and that ed to execute this report all other like empowered	or the exer my signat t as requir	nption stat ure shall h ed by Cha	ed in Sec ave the sa pter 607,	tion 1 ame l Florid	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes: and that my name ap	ther certify that I am opears in E	that the ir an officer llock 10 or	oformation or director Block 11 if

SIGNATURE: