

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018597

1. Entity Name

CHARLENE D. KELLEY, P.A.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90005 045 ***150.00

Principal Place of Business

Mailing Address

36 N. PARK AVENUE
APOPKA FL 32703

36 N. PARK AVENUE
APOPKA FL 32703-4216

2. Principal Place of Business

3. Mailing Address

933 N.E. 19th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Lande, FL

4. FEI Number

57-1018085

Applied For

Not Applicable

Zip

Country

Zip

Country

33304

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CHARLENE D
36 N. PARK AVENUE
APOPKA FL 32703

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

This Corporation is eligible to satisfy its intangible tax requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KELLEY, CHARLENE
36 N. PARK AVE.
APOPKA FL 32703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Charlene D. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

407 889-3933

Daytime Phone #

CR2E034 (9/99)