

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023930

1. Entity Name
KELEX, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90060 002 ***150.00

Principal Place of Business
2517 BRITANNIA
SARASOTA FL 34231

Mailing Address
2517 BRITANNIA
SARASOTA FL 34231-4964

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0569536

Applied For
☒ Not Applicable

Zip Country

Zip Country

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

LAWYER, AMERI
PO BOX 144479
343 ALMERIA AVE
CORAL GABLE FL 33114-4479

HARRY HASKINS

Name **HARRY HASKINS - ATTY**
Street Address (P.O. Box Number is Not Acceptable)
3400 SOUTH TAMiami TRAIL SUITE 201
City **SARASOTA** FL Zip Code **34239**

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 **HARRY HASKINS**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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 **P** ☐ Delete
NAME **KELTY, DOUGLAS E**
STREET ADDRESS **2517 BRITANNIA**
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **VICE PRES. FIELD OPERATIONS** ☐ Delete
NAME **RICHARD SCANNERUNG**
STREET ADDRESS **2517 BRITANNIA**
CITY-ST-ZIP **SARASOTA, FL 34231**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

D. E. KELTY **D. E. KELTY Pres.** 3/31/00 941-927-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20024 09/00