

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000059934**

1. Entity Name

KELLEY'S MASONRY, INC.**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90267 011 ***150.00

Principal Place of Business

Mailing Address

8316 MCGLOTHLIN ST
JACKSONVILLE FL 32210
US8316 MCGLOTHLIN ST
JACKSONVILLE FL 32210-6526
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3332684**

Applied For

☒ Not Applicable5. 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

SNELLING, KELLEY
8316 MCGLOTHLIN ST
JACKSONVILLE FL 32210

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

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 State10. 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
	PSTD		<input type="checkbox"/> Delete
	SNELLING, KELLEY		
	8316 MCGLOTHLIN ST		
	JACKSONVILLE FL 32210		
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	V		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ALLEN K. SWEET		
	5398 CHICORY ST		
	MIDDLEBURG, FL. 32068		
	V		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	JAMES B. LOWE		
	8316 MCGLOTHLIN ST		
	JACKSONVILLE, FL. 32210		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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**SIGNATURE: Kelley D Snelling****(904) 771-1599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #