

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009175

1. Entity Name
CONNIE S. KELLEY, P.A.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90011 008 ***150.00

Principal Place of Business

Mailing Address

233 AIRPORT ROAD SOUTH
NAPLES FL 34104

233 AIRPORT ROAD SOUTH
NAPLES FL 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5051 Castello Drive

5051 Castello Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208

208

City & State

City & State

Naples, FL

Naples, FL

4. FEI Number 59-3424820

Applied For

Not Applicable

Zip 34103

Country Collier

Zip 34103

Country Collier

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, CONNIE S ESQ.
233 AIRPORT ROAD SOUTH
NAPLES FL 34104

Name Kelley, Connie S Esq.
Street Address (P.O. Box Number is Not Acceptable)
5051 Castello Drive
208
City Naples FL Zip Code 34103

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, 2001 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 D
NAME KELLEY, CONNIE S ESQ.
STREET ADDRESS 233 AIRPORT ROAD SOUTH
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE D
NAME Kelley, Connie S. Esq.
STREET ADDRESS 5051 Castello Drive, # 208
CITY-ST-ZIP Naples, FL 34103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President (941) 403-7866
Date Daytime Phone #

CR2E034 (10/00)