

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042774

1. Entity Name

SQP ENTERPRISES, INC

R

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90032 031 ***150.00

Principal Place of Business

785 OLD CHECHERO RD
CLAYTON GA 30525
US

Mailing Address

785 OLD CHECHERO RD
CLAYTON GA 30525
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

65-0752502

Applied For

Not Applicable

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, PAUL H
1918 N LAKESIDE
LAKE WORTH FL 33460

Name

Street Address (F.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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVD KELLEY, PAUL H 1918 N LAKESIDE LAKE WORTH FL 33460	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLEY, LORELEI L 785 OLD CHECHERO RD CLAYTON GA 30525	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

8-21-00

Date

Daytime Phone #

CR2E034 (5/00)

SQP ENTERPRISES, INC.
785 OLD CHESTER RD
CLAYTON, CA 94525

082300

Attachment Doc# PA7000042774
A0074395
AUG. 21, 2000

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

WHEN YOUR SECOND NOTICE WAS RECEIVED,
I IMMEDIATELY CALLED MY ACCOUNTANT, AND
TOLD HIM THE NUMBER IN YOUR FORM. I NEVER
RECEIVED YOUR 1ST NOTICE. I WAS
ADVISED BY YOUR OFFICE TO WRITE THIS
NOTE, AND SEND \$150.00, WHICH I AM DOING,
TO SEE IF YOU WOULD ACCEPT THE \$150.00.
BY THE WAY MY ACCOUNTANT SAID THE SAME
THING HAPPENED TO ANOTHER OF HIS CLIENTS.
MAYBE YOU HAVE A PROBLEM, OR THE U.S. MAIL
SERVICE DOES.

AS YOU CAN SEE BY A COPY OF LAST YEARS
CHECK, IT WAS PAID ON TIME.

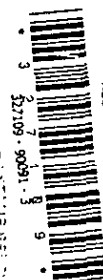
I STILL DO BUSINESS UNDER THE CORPORATION
IN FLORIDA AND GEORGIA, BUT NOT ENOUGH TO
PAY \$550.00. IF MY \$150.00 IS NOT ACCEPTABLE,
PLEASE SEND FORMS FOR VOLUNTARY DISSOLUTION.
I WOULD LIKE TO KEEP THE CORP.

VERY TRULY YOURS

Paul H. Kelly, Pres.

DOC# D97000048774

0000001009068796 125 00630000017
00610000146 MATTHEWBRANK 00630000047
4100600271681 04-19-99
2100600271681 04-19-99
00610038655 0089 JAX FL 00640038655



DEPARTMENT OF STATE
FOI DEPOSIT ONLY - 4/14/1999
ACCT # 1009068796