

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084320

1. Entity Name  
KEL-CORP.

Principal Place of Business

850 DUNBAR AVE.  
OLDSMAN FL 34677  
US

Mailing Address

PO BOX 1796  
OLDSMAN FL 34677  
US

2. Principal Place of Business

850 Dunbar Ave

3. Mailing Address

P.O. Box 1796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL 34677

City & State

Oldsmar, FL

Zip

34677

Country

US

Zip

34677

Country

US

4. FEI Number

59-3469660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, SEAN

10108 TARPON DRIVE  
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name Kelly, SEAN

Street Address (P.O. Box Number is Not Acceptable)

11750 Capri Circle S.  
#4

City Treasure Island

FL

Zip Code 33706

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

7/6/01

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 12, 2001 Fee 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

TITLE P  
NAME KELLY, SEAN M  
STREET ADDRESS 10108 TARPON DRIVE  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

TITLE D  
NAME KELLY, LORA C  
STREET ADDRESS 10108 TARPON DRIVE  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Kelly, SEAN M  
STREET ADDRESS 11750 Capri Circle S. #4  
CITY-ST-ZIP Treasure, IS FL 33706 ☒ Change ☐ Addition

TITLE Y  
NAME Howard, Sabrina M.  
STREET ADDRESS 6735 Kingfish DR.  
CITY-ST-ZIP Lut2, FL 33558 ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

Date

727-363-0375

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90060 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)