

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097786

1. Entity Name

KELLEY-SUTTON MANAGEMENT INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90051 007 ***150.00

Principal Place of Business

Mailing Address

PAWS-N-CLAWS

1667 S. PALM BLVD

VENICE FL 34292

US

~~2724 LODGEPOLE DRIVE~~
LAS VEGAS NV 89117-2458
US

059355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

832 Pinebrook Rd.

Suite, Apt. #, etc.

City & State

Venice, FL

Zip

34292

Country

Sarasota

3. Mailing Address

8687 W. Sahara

Suite, Apt. #, etc.

Suite 200

City & State

Las Vegas, NV

Zip

89117

Country

Clark

4. FEI Number

65-0795051

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, JAMES F
2045 FREDERICK DR.
VENICE FL 34292

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.

(None: 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	<input type="checkbox"/> Delete
NAME	KELLEY, ELIZABETH J	
STREET ADDRESS	2045 FREDRICK DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLEY, J E	
STREET ADDRESS	2045 FREDRICK DR	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)