

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90069 016 \*\*\*150.00

DOCUMENT # P98000042076  
1. Entity Name  
Kelco Fairfield Hotels, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2700 S. Commerce Pkwy  
Suite, Apt. #, etc. 313  
City & State Weston, FL  
Zip 33331 Country

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834732  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kelley D. SLAY  
Street Address (P.O. Box Number is Not Acceptable) 2494 Princeton Ct.  
City Weston FL Zip Code 33327

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)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY-ST-ZIP
<u>POD</u>	<u>Kelley D. SLAY</u>	<u>2494 Princeton Ct.</u>	<u>Weston, FL 33327</u>
<u>ATTP</u>	<u>RICHARD J. Spillett</u>	<u>17 DUNDAR Circle</u>	
	<u>TAM BEACH GARDENS, FL</u>		<u>33418</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kelley D. SLAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 954-384-2478  
Date Daytime Phone #