

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90860 050 \*\*\*150.00

**DOCUMENT # P98000069622**

1. Entity Name

**KELLIN FARMS, INC.**

Principal Place of Business

Mailing Address

12828 ROYAL GEORGE AVE.  
ODESSA FL 3355612828 ROYAL GEORGE AVE.  
ODESSA FL 33556-5707

2. Principal Place of Business

11216 Windrush Circle

Suite, Apt. #, etc.

3. Mailing Address

11216 Windrush Circle

Suite, Apt. #, etc.

City &amp; State

Hudson, FL

City &amp; State

Hudson, FL

4. FEI Number

41-1606561

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

Hudson

Country

USA

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

KELLIN, THOMAS W

12828 ROYAL GEORGE AVE.  
ODESSA FL 33556

Name

Kellin, Thomas W.

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

11216 Windrush Circle

City

Hudson

FL

Zip Code  
34667

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KELLIN, THOMAS W	12828 ROYAL GEROGE AVE.	ODESSA FL 33556	P	Kellin, Thomas W.	11216 Windrush Circle	Hudson, FL 34667
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/27/00

727-861-2976

CR2E034 (9/99)