

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 034 ***150.00

DOCUMENT # *P98000085462*
1. Entity Name: *Kelco Ocean Point Hotels, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: *2700 S. Commerce Bkway*
Suite, Apt. #, etc.: *313*

3. Mailing Address: *SAME*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: *Weston, FL*
City & State: _____
Zip: *33331* Country: _____ Zip: _____ Country: _____

FBI Number: *65-0866756*
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 to be printed name of registered agent and title if applicable.

(If 211 Registered Agent signature required when returning.)

12/01

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's \$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
<i>P/D</i>	<i>Kelley D. SLAY</i>	<i>2494 Princeton Ct</i>	<i>Weston, FL 33327</i>
<i>ST/P</i>	<i>Richard J. Spillett</i>	<i>17 Dunbar Circle</i>	<i>Palm Beach Gardens, FL 33418</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Kelley D. SLAY* 4/16/02 954-384-2478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)