

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 03, 2000 8:00 am**
Secretary of State

08-03-2000 90030 014 ***150.00

DOCUMENT # P98000097514

1. Entity Name

MARY F. KELLY, P.A.

f

Principal Place of Business

**342 PABLO TERR.
PONTE VEDRA BEACH FL 32082**

Mailing Address

**342 PABLO TERR.
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3543610**

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

**KELLY, MARY F
342 PABLO TERR.
PONTE VEDRA BEACH FL 32082**

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☐ Delete
NAME **KELLY, MARY F**
STREET ADDRESS **342 PABLO TERR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ 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

07/21/2000 904-271-5354
Date Daytime Phone #

CR2E034 (5/00)

Attachment P98000097514

B 010 #116



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July 27, 2000

Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P98000097514 – Mary F. Kelly, P.A.

Dear Sir/Madam,

Please see the attached Annual Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed annual report with their full payment of \$150.00.

Ms. Kelly, President of the above Corporation, did not receive her first annual report earlier this year only the second notice. She has always been very conscientious about forwarding all of her government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, EA

Enclosure:
Check #290
Second Notice