2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000104301



FILED Jan 21, 2003 8:00 am Secretary of State

1. Enlity Name MISS ELLY'S, INC.						01-21-2003 90068 042 ***150.00			
Principal Pla 917 SHAYLEI DELAND FL		Mailing PO BOX DELAND							
2. Principal	Place of Business	3. Mailin	3. Mailing Address						
						••			
Suite, Apt	t. #, etc.	Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City &	City & State			^{nber} 59-3546232		pplied For ot Applicable	
Zip Country		Zip	Zip Cour		5. Certifica	ate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Curre	nt Registered	 Agent			nd Address of New Registers	Fee Require	ed	
				Name	7. Hame a	nd Address of New Registers	su Agent		
KELLY, A	NDREW					<u> </u>			
	YLER AVENUE	Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
DELAND	FL 32724				.				
,				City		<u></u>	■■ Zin Cod		
	<u> </u>				FL Zip Code				
the obliga	e named entity submits this statemen ations of registered agent.	t for the purpos	e of changing its r	registered office or regi	stered agent, or t	ooth, in the State of Florida. Ta	ım familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE:	Registered Agent signature req	uired when reinstating)	DAT	Ε		
Afte	FILE NOW!!! FEE IS \$150.00 er May 1,2003 Fee will be \$550.0 k Payable to Florida Department	0 of State				Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	. OFFICERS AT	ID DIRECTORS		11.	ADDITION	S/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ANDREW P.O. BOX 201 N/A DELAND FL 32721		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		*****	☐ Change	Addition	

12. I hereby certify that the information supplied with this filing indicated on this report or supplemental poort is true and per qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment w

SIGNATURE: