

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011298

1. Entity Name

KELATION PLUS INTERNATIONAL, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90092 030 ***150.00

Principal Place of Business

437 EAST MONROE STREET
SUITE 202
JACKSONVILLE FL 32202

Mailing Address

437 EAST MONROE STREET
SUITE 202
JACKSONVILLE FL 32202-2815

2. Principal Place of Business

Suite, Apt. #, etc.

12478 Masters Ridge Dr
Jacksonville
FL

3. Mailing Address

Suite, Apt. #, etc.

12478 Masters Ridge Dr
Jacksonville
FL

Zip

Country

Zip

Country

32225

32225

4. FEI Number

59-3562831

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

BROOKS, MICHAEL L
437 EAST MONROE STREET
SUITE 202
JACKSONVILLE FL 32202

Name

Andrew H Williams

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

12478 Masters Ridge Dr

City

Jacksonville

FL

Zip Code

32225

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

3/30/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, MICHAEL L	
STREET ADDRESS	437 EAST MONROE ST., SUITE 202	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew H. Williams	
STREET ADDRESS	12478 Masters Ridge Dr	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

3/30/00

904-223-4557

CR2E034 (9/99)