

00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020509

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90102 005 ***150.00

1. Entity Name

DEB-KEL, INCORPORATED

Principal Place of Business

Mailing Address

504 NORTH DIXIE FREEWAY
 NEW SMYRNA EACH FL 32168

504 NORTH DIXIE FREEWAY
 NEW SMYRNA EACH FL 32168-6708

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

59-3564024

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

DUFFY, DEBRA
 504 NORTH DIXIE FREEWAY
 NEW SMYRNA EACH FL 32168

Name

SCHAEFER, KELLY

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

810 OAKVIEW DRIVE

City

NEW SMYRNA BEACH,

FL

Zip Code

32169

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

Kelley Schaefer

KELLY SCHAEFER

3/16/00

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 D ☐ Delete
 NAME SCHAEFER, KELLY
 STREET ADDRESS 810 OAKVIEW DRIVE
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE *P/T/S/D* ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME DUFFY, DEBRA
 STREET ADDRESS 132 YOUNG ST
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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

Kelley Schaefer KELLY SCHAEFER

Date

3/16/00

Daytime Phone #

(904) 423-9209

CR2E034 (9/99)