

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023808

1. Entity Name

KELLEY PLUMBING SAFETY HARBOR CORP.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90290 001 \*\*\*150.00

Principal Place of Business

910 HARBOR LAKE CT.  
SAFETY HARBOR FL 34695

Mailing Address

910 HARBOR LAKE CT.  
SAFETY HARBOR FL 34695-2307

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 128

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

Zip

34695-0128282

Country

Pineellas

4. FEI Number

59-3564079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLY, DAVID M  
910 HARBOR LAKE CT.  
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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 \$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

TITLE PD ☐ Delete  
NAME KELLY, DAVID M  
STREET ADDRESS 4495 57TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE STD ☐ Delete  
NAME TREVETHAN, BRIAN  
STREET ADDRESS 2352 CECILIA LANE  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE VD ☐ Delete  
NAME BURE, JOHNNY P  
STREET ADDRESS 409 E. SHORE DR.  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

*David M. Kelly* Secty.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (727) 725-2588  
Date Daytime Phone #

CR2F034 (9/00)