

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025092

1. Entity Name
KELLY DEVELOPMENT SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90063 011 ***150.00

Principal Place of Business

550 FAIRWAY DR
STE 105A
DEERFIELD BEACH FL 33441

Mailing Address

G/O PEINSD & ASSOCIATES
12169 SHERIDAN ST
COOPER CITY FL 33026

2. Principal Place of Business

7360 NW 62nd Terr
Suite, Apt. #, etc.

3. Mailing Address

7360 NW 62nd Terr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PARKLAND FL

City & State
PARKLAND, FL

4. FEI Number 65-0905413

Applied For
Not Applicable

Zip
33067

Country
USA

Zip
33067

Country

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, BROMLEY
550 FAIRWAY DR
STE 105A
DEERFIELD BEACH FL 33441

Name KELLY, Bromley
Street Address (P.O. Box Number is Not Acceptable)
7360 NW 62nd Terrace
City PARKLAND FL Zip Code 33067

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, 2001 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 PVST
NAME KELLY, BROMELEY
STREET ADDRESS 550 FAIRWAY DR. STE 105A
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS 7360 NW 62nd Terrace
CITY-ST-ZIP PARKLAND, FL 33067

TITLE
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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 #

CR2E034 (10/00)