

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 29, 2003 8:00 am
Secretary of State

04-28-2003 91375 022 ***150.00

DOCUMENT # P99000038097

1. Entity Name
KELLY'S PLACE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**24901 SANDHILL BLVD
#12
PUNTA GORDA FL 33983**

Mailing Address
**24901 SANDHILL BLVD
#12
PUNTA GORDA FL 33983**

00044496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0913115**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOUTHWEST FLORIDA PROFESSIONAL SERVICES OF
13611 MCGREGOR BLVD
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **Kelly Plummer**
Street Address (P.O. Box Number is Not Acceptable)
1106 Bounds St
Port Charlotte
City **FL** Zip Code **33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kelly Plummer Pres.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE **5/21/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PLUMMER, KELLY**
STREET ADDRESS **24901 SANDHILL BLVD # 12**
CITY-ST-ZIP **PUNTA GORDA FL 33983-5207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kelly Plummer REKELLY Plummer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

Daytime Phone #

CR2E034 (10/02)