

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076389

1. Entity Name

KELLY FORDHAM, P.A.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90032 047 ***150.00

Principal Place of Business

Mailing Address

1615 CANAL COURT
TAVARES FL 32778

1615 CANAL COURT
TAVARES FL 32778-2102

2. Principal Place of Business

45 Tropical Drive

Suite, Apt. #, etc.

Ormond Beach, FL

City & State

Zip
32176

Country
USA

3. Mailing Address

45 Tropical Drive

Suite, Apt. #, etc.

Ormond Beach, FL

Zip
32176

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

593593298

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

FORDHAM, KELLY

~~1615 CANAL COURT~~
~~TAVARES FL 32778~~

45 Tropical Drive
Ormond Beach, FL
32176

Name

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

45 Tropical Drive

City

Ormond Beach

FL

Zip Code

32176

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 Kelly Fordham, P.A.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director S/O, V/S, r/r/d
Kelly Fordham
45 Tropical Dr.
Ormond Beach, FL 32176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: Kelly Fordham, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 18, 2000 (904) 441-2099

Date

Daytime Phone #

CR2E034 (9/99)