## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

in address, with all other like empowered.

## **FILED** DOCUMENT # P99000084146 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name KELLY HOLDINGS, INC. 04-17-2000 90057 022 \*\*\*150.00 Principal Place of Business Mailing Address 903 SANDPIPER LN. 903 SANDPIPER LN. VERO BEACH FL 32963-5202 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLY, ROBIN Street Address (P.O. Box Number is Not Acceptable) 903 SANDPIPER LN. **VERO BEACH FL 32963** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Precident ☐ Addition Chaman Can ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Vero Beach, Pt. 30963 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 903 Sandpiper un STREET ADDRESS STREET ADDRESS Vero Beach, PL 30963 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STREET ADDRESS 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 receivers 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