FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000084146 1. Entity Name 05-15-2001 90137 024 ***150.00 KELLY HOLDINGS, INC. Principal Place of Business Mailing Address 903 SANDPIPER LN. 903 SANDPIPER LN. H0055928 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address 1015 Andardlav 1015 Andarella Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable lero Beach Vero Beach, FI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Kabin</u> KELLY, ROBIN Street Address (P.O. Box Number is Not Acceptable) 903 SANDPIPER LN. VERO BEACH FL 32963 Zip Code y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition ☐ Delete Change TITLE TITLE KELLY, RUSSELL NAME NAME 1015 Andardla Way STREET ADDRESS STREET ADDRESS 903 SANDPIPER LANE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32963 Change ☐ Addition TITLE ☐ Delete TITLE KELLY, ROBIN NAME NAME 1015 Andardla Way STREET ADDRESS STREET ADDRESS 903 SANDPIPER LANE CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32963 TITLE . ☐ Delete TITLE _ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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 audress, with all other like empowered.

INING OFFICER OR DIRECTOR

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

Change

☐ Addition