

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90310 046 ***150.00

DOCUMENT # P99000090964

1. Entity Name
KELBY ENTERPRISES, INC.

Principal Place of Business

~~1042 MAIN STREET~~
~~SUITE 201~~
~~DUNEDIN FL 34698~~

Mailing Address

~~1042 MAIN STREET~~
~~SUITE 201~~
~~DUNEDIN FL 34698~~

2. Principal Place of Business

3. Mailing Address

333 E Douglas Rd.
 Suite, Apt. #, etc.

214 Highland Woods Dr.
 Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip **34677**

Country **USA**

City & State

Safety Harbor, FL

Zip **34695**

Country **USA**

4. FEI Number

59-3608404

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

KELBY, KALEBRA

~~1042 MAIN STREET~~

~~SUITE 201~~

~~DUNEDIN FL 34698~~

333 E. Douglas Rd.
Oldsmar, FL 34677

Name

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

City

FL

Zip Code

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, 2002 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 ☐ Delete
 NAME **P KELBY, SCOTT**
 STREET ADDRESS **711 WILDFLOWER DR 214 Highland Woods Dr.**
 CITY-ST-ZIP **PALM HARBOR FL 34683 Safety Harbor, FL 34695**

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

TITLE ☐ Delete
 NAME **ST KELBY, KALEBRA**
 STREET ADDRESS **711 WILDFLOWER DR. 214 Highland Woods Dr.**
 CITY-ST-ZIP **PALM HARBOR FL 34683 Safety Harbor FL 34695**

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

TITLE ☐ Delete
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

813-433-5000
 Daytime Phone #

CR2E034 (9/01)