

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110475

1. Entity Name

KELLY'S COUNTY CAFE, INC.

TYPE-07

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90130 022 ***150.00

Principal Place of Business

Mailing Address

740 HIGH ST.
W. PALM BCH FL 33405

740 HIGH ST.
W. PALM BCH FL 33405

2. Principal Place of Business

3. Mailing Address

4824 10th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Green Acres FL

Zip

Country

Zip

Country

33463

U.S.A.

4. FEL Number

65-098161-9

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

JEMIOLO, JONI
740 HIGH ST.
W. PALM BCH FL 33405

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, 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	D JEMIOLO, JONI 740 HIGH ST. W. PALM BCH FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joni L. Jemio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

561 432-7677

Daytime Phone #

CR2E034 (9/99)

p99 000110475

D0034379

(IRS USE ONLY) 575A 650981619 02-23-2000 JEMZ B 016983152 SS-4

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

JONI L JEMIOLO
KELLYS COUNTRY KITCHEN
740 HIGH ST
WEST PALM BEACH FL 33405

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Should
Read
Country