

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20950

0531

1. Entity Name

KELLY & KELLY, CONSULTING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90082 009 ***150.00

Principal Place of Business

Mailing Address

C/O ELIZABETH M. KELLY
3020 N FEDERAL HWY., BLDG 11, 2ND FL
FT. LAUDERDALE FL 33306
US

C/O ELIZABETH M. KELLY
3020 N FEDERAL HWY., BLDG. 11 2ND FL
FT. LAUDERDALE FL 33306-1488
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3020 N Fed Hwy
Suite, Apt. #, etc.
Ste 11B

3020 N Fed Hwy
Suite, Apt. #, etc.
Ste 11B

City & State		City & State		4. FEI Number	65-0338025	Applied For	
Zip		Country		5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
							Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, ELIZABETH M.
3020 N FEDERAL HWY
BLDG 11, 2ND FLOOR
FT. LAUDERDALE FL 33306

Name

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

3020 N Fed Hwy
Ste 11B

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, ELIZABETH M.	
STREET ADDRESS	3020 N FEDERAL HWY BLDG 11, 2ND FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLY, JOHN F.	
STREET ADDRESS	3020 FEDERAL HWY BLDG. 11 2ND FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	3020 N Federal Hwy Ste 11B		
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	3020 N Federal Hwy Ste 11B		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 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:

Elizabeth Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)