

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90071 006 \*\*\*150.00

**DOCUMENT # P97000070553**

1. Entity Name  
**CELERITY SERVICES, INC.**

Principal Place of Business

**2405 PIPER BLVD.  
 NAPLES FL 34110**

Mailing Address

**2405 PIPER BLVD.  
 NAPLES FL 34110**

2. Principal Place of Business

**6025 CARLTON LAKES BLVD.**

3. Mailing Address

**6025 CARLTON LAKES BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0779759**

Applied For

Not Applicable

Zip

**34110**

Country

**USA**

Zip

**34110**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAUSSEN, ROBERT G  
 2405 PIPER BLVD.  
 NAPLES FL 34110**

Name

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

**6025 CARLTON LAKES BLVD.**

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, 2001 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	<input type="checkbox"/> Delete
D	CLAUSSEN, ROBERT G	2405 PIPER BLVD.	NAPLES FL 34110	<input type="checkbox"/>
D	CLAUSSEN, CHRISTOPHER G	2405 PIPER BLVD.	NAPLES FL 34110	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		6025 CARLTON LAKES BLVD.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6025 CARLTON LAKES BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert G Clausen  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 1/5/01 941-596-9067  
 Date Daytime Phone #

CR2E034 (10/00)