

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 133539

1. Entity Name

CELERY PRINTING COMPANY

FILED

01 JAN 19 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 179  
221 MAGNOLIA  
SANFORD FL 32771

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221 MAGNOLIA  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0188630

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

CANNON, L. KINDER, III  
2000 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

Name  
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue, Suite 3000

City Miami

FL

Zip Code 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

Vice President

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 DP  
NAME LAWRENCE, BYRON R.  
STREET ADDRESS 2375 FLAMINGO WAY  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE C  
NAME LAWRENCE, BYRON R  
STREET ADDRESS 2375 FLAMINGO WAY  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE TSD  
NAME WOOD, LARRY  
STREET ADDRESS 147 LIVE OAK RD  
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 address, with all other like empowered.

SIGNATURE:

BYRON R. LAWRENCE 1.11.01

Date

Daytime Phone #

407-322-2581

CR2E034 (10/00)