

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90081 034 \*\*\*150.00

**DOCUMENT # 278923**

1. Entity Name

MAISON LE CEL INC.

Principal Place of Business	Mailing Address
176 N EGLIN PKWY FT WALTON BEACH FL 32548	176 N EGLIN PKWY FT WALTON BEACH FL 32548

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1051754	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
LONG-LILLIE, CELESTE 212 HOLMES BLVD FT WALTON BEACH FL 32548	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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG-LILLIE, CELESTE	NAME	
STREET ADDRESS	212 HOLMES BLVD	STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	CITY - ST - ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLIE, CHARLES	NAME	
STREET ADDRESS	212 HOLMES BLVD	STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	CITY - ST - ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATTNER, ELIZABETH	NAME	
STREET ADDRESS	924 HOLBROOK CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	CITY - ST - ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LENA	NAME	
STREET ADDRESS	332 SUDDUTH CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CYNTHIA R	NAME	
STREET ADDRESS	1648 CASSINGHAM CIR	STREET ADDRESS	
CITY - ST - ZIP	OCOE FL	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:** *Charles R. Liller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #