

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91897 030 ***150.00

DOCUMENT # 278923

1. Entity Name

MAISON LE CEL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

176 ELGIN PKWY NE

Suite, Apt. #, etc.

3. Mailing Address

176 ELGIN PKWY NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT WALTON BEACH FL

Zip
32548

Country

City & State

FT WALTON BEACH FL

Zip
32548

Country

4. FEI Number

59-1051754

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CELESTE LONG-LILLIE

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

212 HOLMES BLVD.

City

FORT WALTON BEACH

FL Zip Code
32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D LONG-LILLIE, CELESTE 212 HOLMES BLVD. FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T D LILLIE, CHARLES 212 HOLMES BLVD. FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D SCHATTNER, ELIZABETH 924 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, LENA 332 SUDDUTH CIRCLE FORT WALTON BEACH, FL 32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, SYNTHIA R. 1648 CASSINGHAM CIRCLE OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V D RUSLETTA, SUSAN 122 EAGLE DRIVE CRESTVIEW, FL 32539	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Celeste Long-Lillie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 03 244-1377
Date Daytime Phone #