

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 352984

1. Entity Name

CELADOR CORPORATION

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90078 005 ***150.00

Principal Place of Business

101 HATFIELD ROAD
P.O. BOX 1310
WINTER HAVEN FL 33882-8310

Mailing Address

101 HATFIELD ROAD
P.O. BOX 1310
WINTER HAVEN FL 33882-1310
US

2. Principal Place of Business

912 Perrin Avenue

3. Mailing Address

912 Perrin Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

4. FEI Number

59-0874087

Applied For

Not Applicable

Zip

33881

Country

Zip

33881

Country

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

WOTEN, H GLENN
912 PERRIN AVE
WINTER HAVEN FL 33880

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 ☐ Delete
NAME WOTEN, H GLENN
STREET ADDRESS 912 PERRIN AVENUE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE STD ☒ Delete
NAME HOLLIDAY, GARRY M.
STREET ADDRESS 1055 FOX HUNT DRIVE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE VD ☒ Delete
NAME PRINCE, ROBERT M.
STREET ADDRESS 1970 HIGH VISTA DRIVE
CITY-ST-ZIP LAKE LAND FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001/10/00