

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006620

1. Entity Name

CELTIC AMERICAN, LTD. INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90390 004 ***150.00

Principal Place of Business

1005 TERMINAL WAY SUITE 110
RENO NV 89502

Mailing Address

1005 TERMINAL WAY SUITE 110
RENO NV 89502

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 88-0405099

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

HINE, RALPH M JR
6133 A-3 PALMER BLVD
SARASOTA FL 34240

Name

SAME

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

12950 River Rd.

City

Myakka City

FL

Zip Code

34251

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

Maria O. Hine

Vice Pres.

3-15-01

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

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete
NAME HINE, RALPH M JR
STREET ADDRESS 1005 TERMINAL WAY STE 110
CITY-ST-ZIP RENO NV 89502

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

TITLE TSVC ☐ Delete
NAME HINE, MARIA O
STREET ADDRESS 1005 TERMINAL WAY STE 110
CITY-ST-ZIP RENO NV 89502

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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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:

Maria O. Hine

Vice Pres.

Date

Daytime Phone #

CR2E034 (10/00)