

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90036 050 ***150.00

DOCUMENT # F99000005916

1. Entity Name
CELEXX CORPORATION

Principal Place of Business
10100 W SAMPLE ROAD, #401
CORAL SPRINGS FL 33065

Mailing Address
10100 W SAMPLE ROAD, #401
CORAL SPRINGS FL 33065

2. Principal Place of Business
10100 W. Sample Road

3. Mailing Address
10100 W. Sample Road

Suite, Apt. #, etc.
Suite 311

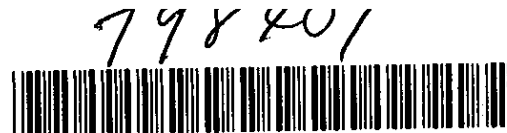
Suite, Apt. #, etc.
Suite 311

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33065 USA

Zip Country
33065 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0850992**

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

OK FORDE, DOUG
7521 W. PALMETTO PARK ROAD, STE 208
BOCA RATON FL 33433

*only
 address
 change*

Name **WILLIAM SANDS**
 Street Address (P.O. Box Number is Not Acceptable)
10100 W. Sample Road
Suite 311
 City **Coral Springs** **FL** Zip Code **33065**

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CD FORDE, DOUG 7251 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANGE, DAVID C 7521 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDE, LIONEL 7251 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, WILLIAM 7251 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMINITI, VINCENT 7251 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAATSMA, JOHN W 7251 W. PALMETTO PARK ROAD, STE 208 BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 10100 W. Sample Road Ste 311 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10100 W. Sample Road, Suite 311 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 10100 W. Sample Road, Suite 311 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE SANDS 10100 W. Sample Road, Suite 311 Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David C. Langle* **4/30/02** **954-796-7322**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)