

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR3/09 AV

DOCUMENT # **H23717**

1. Entity Name

**CELERY MARKETING COMMUNICATIONS, INC.**

FILED

02 APR 18 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

221 MAGNOLIA STREET  
P.O. BOX 179  
SANFORD FL 32271

Mailing Address

221 MAGNOLIA STREET  
P.O. BOX 179  
SANFORD FL 32271

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

**59-2555316**

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

**INTRASTATE REGISTERED AGENT CORPORATON**  
**701 BRICKELL AVENUE, SUITE 3000**  
**MIAMI FL 33131**

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, 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 **C** ☐ Delete  
NAME **LAWRENCE, BYRON R**  
STREET ADDRESS **2375 FLAMINGO WAY**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ Change ☐ Addition  
NAME **600005349736--2**  
STREET ADDRESS **-04/25/02--01077--016**  
CITY-ST-ZIP **\*\*\*\*150.00** ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **LAWRENCE, BYRON R.**  
STREET ADDRESS **2375 FLAMINGO WAY**  
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **P** ☐ Delete  
NAME **LAWRENCE, BYRON R.**  
STREET ADDRESS **2375 FLAMINGO WAY**  
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **TSD** ☐ Delete  
NAME **WOOD, LARRY**  
STREET ADDRESS **147 LIVE OAK DR**  
CITY-ST-ZIP **WINTER GARDEN FL**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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: *Byron R. Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Byron R. Lawrence

4-8-02 407-322-2581

Date

Daytime Phone #

CR2E034 (9/01)