

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # N42752****1. Entity Name**
CELEBRATE AMERICA, INC.

Principal Place of Business POST OFFICE BOX 20525 TALLAHASSEE FL 323160525	Mailing Address POST OFFICE BOX 20525 TALLAHASSEE FL 323160525
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2. Principal Place of Business POST OFFICE BOX 12413 Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 12413 Suite, Apt. #, etc.
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City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
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Zip 323172413	Country	Zip 323172413	Country
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4. FEI Number 59-3065563	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PENSON ALBERT C 701 E TENNESSEE ST. TALLAHASSEE FL 32308 US	7. Name and Address of New Registered Agent Name ATKINSON TIM P Street Address (P.O. Box Number is Not Acceptable) 301 S BRONOUGH City TALLAHASSEE FL Zip Code 32308
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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 <u>TIM ATKINSON</u>	DATE <u>04/10/2001</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstalling)</small>

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>H. F. Eggers</u>	Mr	04/10/2001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E037 (11/00)