

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0066785

DOCUMENT # P00000017172

1. Entity Name  
**CELLCOMM PLUS, INC.**

03-09-2001 90020 001 \*\*\*150.00  
 03-09-2001 90020 002 \*\*\*\*\*8.75

Principal Place of Business      Mailing Address  
**4749 SOUTH ORANGE AVENUE      4749 SOUTH ORANGE AVENUE**  
**ORLANDO FL 32806                      ORLANDO FL 32806**

**29279**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*7073 S. Orange Blossom Tr.*      ← *Same*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Orlando, FL*      City & State

Zip      Country  
*32809-5714*      *U.S.A.*

4. FEI Number      Applied For  
*59-3547380*       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PANTAZIS, JOANNA**  
**4749 SOUTH ORANGE AVENUE**  
**ORLANDO FL 32806**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Number if Not Acceptable)  
*7073 S. Orange Blossom Trail*  
 City      State      Zip  
*Orlando*      **FL**      *32809*

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]*

*2-22-01*

(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.

**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 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PANTAZIS, JOANNA</b>	
STREET ADDRESS	<b>4749 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Joanna Pantazis</i>	
STREET ADDRESS	<i>7073 S. Orange Blossom Trail</i>	
CITY-ST-ZIP	<i>Orlando, FL 32809-5714</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

*Joanna Pantazis*

*2-22-01*

*(407)251-7677*

Date

Daytime Phone #

CR2E034 (10/00)