

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91702 003 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000029425
1. Entity Name
 CEL ENTERPRISES, INC.

Principal Place of Business 27 COTTONWOOD TRAIL
 PALM COAST FL 32137
Mailing Address 27 COTTONWOOD TRAIL
 PALM COAST FL 32137

2. Principal Place of Business 162-1 San Marco Ave
 Suite 1
 St. Augustine FL
 32084 St Johns
3. Mailing Address Same as #2
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 59-3645873
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LONG, EARL W JR
 27 COTTONWOOD TRAIL
 PALM COAST FL 32137

7. Name and Address of New Registered Agent
 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 *Earl W. Long Jr.* DATE 5/1/02
(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating))

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$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	CEO LONG, EARL W JR 27 COTTONWOOD TRAIL PALM COAST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, CYNTHIA R 27 COTTONWOOD TRAIL PALM COAST FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Earl W. Long Jr.* **5/1/02** **904-824-1965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)