

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91155 028 \*\*\*150.00

**DOCUMENT #** P00000043671

**1. Entity Name**

CeleXx Special Applications Group, Inc

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

10100 W. Sample Road

Suite, Apt. #, etc.

401

**City & State**

Coral Springs, Florida

**Zip**

33065

**Country**

USA

**3. Mailing Address**

10100 W. Sample Road

Suite, Apt. #, etc.

401

**City & State**

Coral Springs, Florida

**Zip**

33065

**Country**

USA

DO NOT WRITE IN THIS SPACE

769171

**4. FEI Number**

☒

☒ 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**

David C. Langle

10100 W. Sample Road

Suite 401

Coral Springs, Florida 33065

**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!!!**

After MAY 1, 2001

Make Check Payable

**FEE IS \$150.00**

Fee will be \$550.00

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** D ☐ Delete  
**NAME** John Straatsma  
**STREET ADDRESS** 7251 W. Palmetto Park Road Suite 208  
**CITY - ST - ZIP** Boca Raton, Florida 33433

**TITLE** S ☒ Change ☐ Addition  
**NAME** John Straatsma  
**STREET ADDRESS** 10100 W. Sample Road, Suite 401  
**CITY - ST - ZIP** Coral Springs, Florida 33065

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

**TITLE** D ☐ Change ☒ Addition  
**NAME** David Langle  
**STREET ADDRESS** 10100 W. Sample Rd. Suite 401  
**CITY - ST - ZIP** Coral Springs, FL 33065

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

954 796 7684

CR2E034 (11/00)