

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90051 045 ***158.75

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DOCUMENT # P00000049689

1. Entity Name
CELEBRATIONS UNLIMITED, INC.

Principal Place of Business
800 5TH AVE. SOUTH, SUITE 203
NAPLES FL 34102-6616

Mailing Address
800 5TH AVE. SOUTH, SUITE 203
NAPLES FL 34102-6616



2. Principal Place of Business
4646 Domestic Ave

Suite, Apt. #, etc.
Suite 106

City & State
Naples, FL

Zip
34104

Country
USA

3. Mailing Address
← SAME

Suite, Apt. #, etc.
AS

City & State
Principal

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3092835

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERRY, JON M
800 5TH AVE. SOUTH, SUITE 203
NAPLES FL 34102-6616

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jon M. Berry

3/23/02

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

TITLE
P
NAME
BERRY, JON M
STREET ADDRESS
800 5TH AVENUE S STE 203 4646 Domestic Ave
CITY-ST-ZIP
NAPLES FL 34102-6616 #106 Naples, FL 34104

☐ Delete

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

TITLE
VP
NAME
Kathleen R. Berry
STREET ADDRESS
441 Cypress Way E
CITY-ST-ZIP
Naples, FL, 34110

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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:

Kathleen R. Berry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02 941-213-9920

Date

Daytime Phone #

CR2E034 (9/01)