

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90009 041 ***150.00

0091760 AV

DOCUMENT # P00000054253

1. Entity Name
CELL-TECH SERVICES, INC.

Principal Place of Business
2801 LA CONCHA DRIVE
CLEARWATER FL 33762

Mailing Address
2801 LA CONCHA DRIVE
CLEARWATER FL 33762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14365 N. DALE MARRY HWY

14365 N. DALE MARRY HWY

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33618

U-S

33618

U-S

4. FEI Number
59-3660688

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASDEO, BHARATH
2801 LA CONCHA DRIVE
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

14365 N. DALE MARRY HWY

City

TAMPA

FL

Zip Code

33618

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, title, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

BHARATH BASDEO

07/13/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BASDEO, BHARATH**
CITY-ST-ZIP **2801 LA CONCHA DRIVE**
CLEARWATER FL 33762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 recorder of the state 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

[Signature] **BHARATH BASDEO**

07/13/01

Daytime Phone #

813 960-3688

CR2E034(5/01)