

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000004226

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CELERITY CORPORATION

Current Principal Place of Business:

1900 S. HARBOR CITY BLVD., #337
MELBOURNE, FL 32901

New Principal Place of Business:

1900 S. HARBOR CITY BLVD., #350
MELBOURNE, FL 32901

Current Mailing Address:

1900 S. HARBOR CITY BLVD., #337
MELBOURNE, FL 32901

New Mailing Address:

1900 S. HARBOR CITY BLVD., #350
MELBOURNE, FL 32901

FEI Number: 59-3690488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SFERRAZZA, ALLISON A
1900 S. HARBOR CITY BLVD., #337
MELBOURNE, FL 32901

Name and Address of New Registered Agent:

SFERRAZZA, ALLISON A
1900 S. HARBOR CITY BLVD., #350
MELBOURNE, FL 32901

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: ALLISON A. SFERRAZZA

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SFERRAZZA, ALLISON A
Address: 1190 REBECCA DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: FERRARA, MARK R
Address: 890 WANDERING PINE TRAIL
City-St-Zip: ROCKLEDGE, FL 32995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. FERRARA

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date