

2002 UNIFORM BUSINESS REPORT (UBR)

0045905 AV

DOCUMENT # P01000050319

1. Entity Name

CELLULAR CONSULTANTS, INC.

APPROVED
AND
FILED

191

02 MAY -8 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

112 E. 5TH AVE.
HAVANNA FL 32333

Mailing Address

112 E. 5TH AVE.
HAVANNA FL 32333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720421

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

PALMER, DUANA E
112 E. 5TH AVE.
HAVANNA FL 32333

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

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 PT
NAME PALMER, DUANA E
STREET ADDRESS 112 E. 5TH AVE.
CITY-ST-ZIP HAVANNA FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600005554716--4
-05/16/02--01036--019
*****150.00 *****150.00

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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: *Duana Palmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duana Palmer 4/10/02 850-539-7283
Date Daytime Phone #

CR2E034 (9/01)

2012

Cellular Consultants, Inc.

112 East 5th Avenue, Havana, FL 32333

Phone (850)539-7283 Fax (850)539-1452

May 8, 2002

To Division of Corporations:

Please accept this letter of explanation for my lateness in filing my annual report by May 1st, 2002 for **Cellular Consultants, Inc.** Due to an unexpected serious illness, I was hospitalized for 10 days with severe abdominal complications; following that, I spent several more weeks recuperating. I just returned to work today (May 8th) to learn my office manager had not filed my annual report for 2002 as instructed due to my absence. Once aware of this, I personally delivered the papers, with the filing fee, to your office to rectify the situation as quickly as possible. I would greatly appreciate your consideration in this matter to proceed with processing my report. Thank you for your attention to this matter. Should you have any questions or concerns, or need further documentation of my hospital records, please do not hesitate to call me at 567-2416. Thank you for your time and consideration.

Best regards,



Duana E. Palmer
President

RECEIVED
02 MAY - 8 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA