

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90291 013 \*\*\*150.00

0448753 AV

**DOCUMENT #** P01000087474

1. Entity Name  
**CELENE HUMPRIES, PA**



Principal Place of Business  
**302 HONEY LOCUST CT.  
SEFFNER FL 33584**

Mailing Address  
**302 HONEY LOCUST CT.  
SEFFNER FL 33584**



2. Principal Place of Business  
**11409 Donney Moor Drive**

3. Mailing Address  
**11705 Bayette Rd  
RMB 423**

City & State  
**Riverview FL**

City & State  
**Riverview FL**

Zip  
**33569**

Country

4. FEI Number **31-1803358**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUMPRIES, CELENE  
302 HONEY LOCUST CT.  
SEFFNER FL 33584**

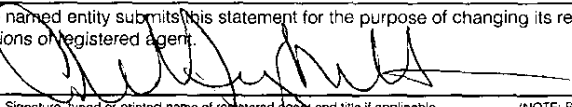
7. Name and Address of New Registered Agent

Name **Celene Humphries**

Street Address (P.O. Box Number is Not Acceptable)  
**11409 Donney Moor Dr.**

City **Riverview** FL Zip Code **33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/26/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUMPRIES, CELENE 302 HONEY LOCUST CT. SEFFNER FL 33584</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X Change 11409 Donney Moor Dr. Riverview FL 33569</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/26/03 813-671-4228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)