

005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000101929

1. Entity Name
CEELOX, INC.



Principal Place of Business
6015 BENJAMIN ROAD, SUITE 310
TAMPA, FL 33634

Mailing Address
6015 BENJAMIN ROAD, SUITE 310
TAMPA, FL 33634

2. Principal Place of Business
13976 Lynmar Blvd.
Suite, Apt. #, etc.

3. Mailing Address
13976 Lynmar Blvd.
Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

10202005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0301534

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUENZEL, DIANE V ESQ
4111 LAND O'LAKES BLVD
LAND O'LAKES, FL 34639

7. Name and Address of New Registered Agent

Name
Kass Aiken
Street Address (P.O. Box Number is Not Acceptable)
13976 Lynmar Blvd.
City
Tampa FL Zip Code
33626

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 Kass Aiken 000061637780
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 11/22/05--01089--008 **\$61.25

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROHATGI, SANTU	
STREET ADDRESS	3001 N. ROCKY POINT DRIVE EAST, SUITE 200	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROHATGI, RYAN R	
STREET ADDRESS	3001 N. ROCKY POINT DRIVE EAST, SUITE 200	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM P	
STREET ADDRESS	10801 MASTIN, SUITE 920	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEARNEY, PHILIP E	
STREET ADDRESS	10801 MASTIN, SUITE 920	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOWDEN, PHILLIP H	
STREET ADDRESS	10801 MASTIN, SUITE 920	
CITY-ST-ZIP	OVERLAND PARK, KS 66210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kass Aiken	
STREET ADDRESS	13976 Lynmar Blvd.	
CITY-ST-ZIP	Tampa, Florida 33626	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip E. Tearney	
STREET ADDRESS	10801 Mastin, Ste. 920	
CITY-ST-ZIP	Overland Park, KS 66210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rohatgi, Santu	
STREET ADDRESS	5403 Avenue Simone	
CITY-ST-ZIP	Lutz, Florida 33558	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rohatgi, Ryan R.	
STREET ADDRESS	5403 Avenue Simone	
CITY-ST-ZIP	Lutz, Florida 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kass Aiken, President

Date

Daytime Phone #

FILED
05 NOV 15 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

