

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90057 044 ***150.00

DOCUMENT # P94000064692

1. Entity Name
CELA' ENTERPRISES, INC.



Principal Place of Business
**36362 US HWY 19 N
PALM HARBOR FL 34684**

Mailing Address
**P.O. BOX 1237
PALM HARBOR FL 34682-1237
US**

11006856



2. Principal Place of Business

3. Mailing Address

**30353 U.S. Hwy. 19 N
Suite, Apt. #, etc.
SUITE 10**

Suite, Apt. #, etc.

City & State
CLEARWATER FLA.

City & State

4. FEI Number **59-3265183**

Applied For
Not Applicable

Zip **33761** Country **VSA.**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOON, EUNICE S
36406 US HWY 19 NORTH
PALM HARBOR FL 34684**

Name
Street Address (P.O. Box Number is Not Acceptable)
36426 U.S. Highway 19 N
City **Palm Harbor** FL Zip Code **34684-5834**

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 **Eunice S Koon** **EUNICE SKOON**

DATE **3/13/03**

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 **DP** ☐ Delete
NAME **KOON, EUNICE S**
STREET ADDRESS **36406 US HWY 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **DP** ☒ Change ☐ Addition
NAME **KOON, EUNICE SEIN**
STREET ADDRESS **30353 U.S. HWY 19 N.**
CITY-ST-ZIP **CLEARWATER, FLA. 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 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: **Eunice S Koon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

727-285-5863
Date Daytime Phone #

CR2E034 (10/02)