

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90027 005 ***150.00

DOCUMENT # P94000090637

1. Entity Name

CELINA HILLS, INC.

Principal Place of Business

**2450 N CITRUS HILLS BLVD
 HERNANDO FL 34442**

Mailing Address

**2450 N CITRUS HILLS BLVD
 HERNANDO FL 34442**

2. Principal Place of Business

2476 N. ESSEX AVE.

3. Mailing Address

2476 N. ESSEX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

City & State

HERNANDO, FL

4. FEI Number

59-3280713

Applied For

Not Applicable

Zip

Country

34442

Zip

Country

34442

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABEL, ERIC D

2476 N ESSEX AVENUE

HERNANDO FL 34442

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TAMPOSI, SAMUEL A JR.**
 CITY-ST-ZIP **20 TRAFALGAR SQ, STE 602
 NASUA NH 03063**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NASH, Q. PETER**
 CITY-ST-ZIP **40 TEMPLE ST
 NASHUA NH 03060**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **91 AMHERST STREET**
 CITY-ST-ZIP **NASHUA, NH 03060**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TAMPOSI, STEPHEN A.**
 CITY-ST-ZIP **2476 N ESSEX AVENUE
 HERNANDO FL 34442**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **PASTOR, JOHN E.**
 CITY-ST-ZIP **2476 N ESSEX AVENUE
 HERNANDO FL 34442**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **ERIC D. ABEL**
 STREET ADDRESS **2476 N. ESSEX AVE.**
 CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

Daytime Phone #

752-246-6660

CR2E034 (9/01)