

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026306

1. Entity Name
CELLTEL CELLULAR INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90049 047 ***150.00

Principal Place of Business
2201 S. FRENCH AVE., SUITE 1
SANFORD FL 32771

Mailing Address
2201 S. FRENCH AVE., SUITE 1
SANFORD FL 32771-4289

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3385 Hwy 17-92
Suite, Apt. #, etc.
173

City & State

City & State
CABSEL BERRY, FL

4. FEI Number 59-3317287

Applied For
Not Applicable

Zip Country
32707 USA

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

SOLLIEN, LAURA K
1109 PARK AVENUE
SANFORD FL 32771

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 *Laura K. Howell*

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	SOLLIEN, LAURA K	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1109 PARK AVE.	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

Date

Daytime Phone #

CR2E034 (9/99)