

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90178 016 ***150.00

DOCUMENT # P95000031193

1. Entity Name
CELLYNNE U.S.A., INC.

Principal Place of Business

**600 PACKERLAND DRIVE
 GREEN BAY WI 54303
 US**

Mailing Address

**780 CENTRAL FL PKWY
 ORLANDO FL 32824
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3314092**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**J. BENNETT GROCOCK, P.A.
 205 EAST CENTRAL BOULEVARD
 601
 ORLANDO FL 32801**

Name

The Business Law Group

Street Address (P.O. Box Number is Not Acceptable)

455 S. ORANGE AVE Suite 500

City

ORLANDO

FL

Zip Code

32801

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

J. Bennett Grocock

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
 MINGUEZ, PATRICE
 780 CENTRAL FLORIDA PKWY
 ORLANDO FL 32824**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DVP
 ALLEGRE, MARK
 780 CENTRAL FLORIDA PKWY
 ORLANDO FL 32824**

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☐ Change ☐ 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 REQUIRED
Allegre

Date

Daytime Phone #

4/11/02 407-856-4332

CR2E034 (9/01)