

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90121 001 ***750.00

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

1006 Marley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Haines City FL

4. FEI Number

59-3314092

Applied For
Not Applicable

Zip

Country

Zip

Country

33844

USA

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

**THE BUSINESS LAW GROUP
455 S. ORANGE AVE SUITE 500
ORLANDO FL 32801**

Name **MARC ALLEGRE**

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

1006 MARLEY DRIVE

City

Haines City

FL

Zip Code

33844

8. The abovesigned 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

MARC ALLEGRE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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 **P** ☐ Delete
NAME **MINGUEZ, PATRICE**
STREET ADDRESS **1006 Marley Dr**
CITY-ST-ZIP **780 CENTRAL FLORIDA PKWY
ORLANDO FL 32824 Haines City FL 33844**

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

TITLE **DVP** ☐ Delete
NAME **ALLEGRE, MARK**
STREET ADDRESS **780 CENTRAL FLORIDA PKWY**
CITY-ST-ZIP **ORLANDO FL 32824**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (\$63)5471095

Date

Daytime Phone #