FILED

Mar 27, 2002 8:00 am

2002 Uniform Business Report (UBR)

Secretary of State P95000059730 DOCUMENT # 1. Entity Name 03-27-2002 90056 017 ***158.75 CEANELL, INC. Principal Place of Business Mailing Address 550 ELK CIRCLE 550 ELK CIRCLE MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3395421 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERARD, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 550 ELK CIRCLE MARCO ISLAND FL 34145 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (9/01 TITLE ☐ Delete TITLE NAME GERARD, NORMAN NAME SSO ELK CIPCLE 960 CAPE MARCO DRIVE, #502 STREET ALORESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP ¬REMOVE □ Delete TITLE TITLE Addition NAME GERARD, STEPHEN NAME SSO ELK CIRCLE 550 ELK CIRCLE/DRIVE, #502 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME GERARD, ANTHONY NAME 550 ECK CIPCLE STREET ADDRESS STREET ADDRESS 960 CAPE MARCO DRIVE, #502 CITY-ST-ZIE CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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.

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