FILED Apr 21, 2002 8:00 am Secretary of State 04-21-2002 90865 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P97000070556 **DOCUMENT #**

1. Entity Name

CELERITY CONSTRUCTION, INC.

| Principal Pla | ace of Busines | ss | Mailing Address | | | 1 | | | | | |
|--|--|---|--|--|---|--------------------------|------------------------|------------------|------------|--|--|
| 6025 CARLTON LAKES BLVD NAPLES FL 34110 | | | 6025 CARLTON LAKES BLVD NAPLES FL 34110 | | | | | | | | |
| | • | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | 1 | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | - | DO NOT | WRITE IN THE | S SPAC | E | |
| City & State | | | City & State | | | 4. FEI Number FO 0400000 | | | | Па | pplied For |
| Zip Country | | Country | Zip Count | | itr. | | 59-3466898 | | | N | ot Applicable |
| | | | | | 5. Certificate of Sta | | ificate of Status Desi | Editor Desired F | | | \$8.75 Additional Fee Required |
| | 6. Name | e and Address of Current Re | gistered Agent | | - Name | 7. Nam | ne and Address of N | lew Registered | d Agen | t | |
| CLAUSSE | en, robert | TG | | | Street Address | /0.0 Boy I | Alicanhar is Not Assor | | | | |
| 2405 PIPER BLVD. | | | | | Sireet Address | CARL | Number is Not Accept | otable) S RLV | 15 | | |
| NAPLES I | FL 34110 | | | | | | | | | | |
| | | | | | City NATE | E 5 | | F | L Z | ip Cod | le d |
| 8. The above | e named entit | ty submits this statement for th | e purpose of changing its | registere | L | | or both, in the State | | | 7,. | |
| | | | | | | • | | | | | |
| SIGNĄTURE | Signature, typed | d or printed name of registered agent and | title if applicable. (NOTE | E: Registered | d Agent signature require | d when reinstat | tino) | DATE | | | |
| 9 This corn | | *** | | | | | mig, | J.1.2 | | | |
| This corporation is eligible to satisfy its Intangible Tax, tiling 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 Sta | | | 1 | 0. Election Campaig | n Financino | | \$5.0 | Δ |
| | eria on back) | | | | | 1 | Trust Fund Contri | | | | 0 May Be to Fees |
| 11. | | | Make Check Payab | | | ite | | bution. | | Added | d to Fees |
| 11. | D | OFFICERS AND DIF | Make Check Payab | 12. | epartment of Sta | ite | Trust Fund Contri | bution. | ND DIRE | Added | d to Fees |
| 11. | D CLAUSSE | OFFICERS AND DIF | Make Check Payab | 12. | epartment of Sta | ite | Trust Fund Contri | bution. | ND DIRE | Added | d to Fees S IN 11 |
| 11. TITLE NAME | D CLAUSSE | OFFICERS AND DIF | Make Check Payab | 12. TITLE NAME STREE | epartment of Sta | ite | Trust Fund Contri | bution. | ND DIRE | Added | d to Fees S IN 11 |
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13. I hereby certify that the information supplied with this filling 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: