

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089852

1. Entity Name

CELESTE KRUEGER & ASSOCIATES, INC.

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

02-10-2000 90049 048 ***150.00

Principal Place of Business 4000-27 ST. JOHNS AVENUE SUITE 91 JACKSONVILLE FL 32205	Mailing Address 4000-27 ST. JOHNS AVENUE SUITE 91 JACKSONVILLE FL 32205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2350 Park Street</i>	3. Mailing Address <i>2350 Park Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Jacksonville, FL</i>	City & State <i>Jacksonville, FL</i>	4. FEI Number 59-3482510	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32204</i>	Country <i>USA</i>	Zip <i>32204</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COLD, KATHLEEN H
4000-27 ST. JOHNS AVENUE
SUITE 91
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KRUEGER, CELESTE 4000-27 ST. JOHNS AVENUE, SUITE 91 JACKSONVILLE FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Krueger, Celeste 2350 Park Street Jacksonville, FL 32204
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: Celeste Krueger **Celeste Krueger** 2/4/00 **904-388-5357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #