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 # P98000017546

1. Entity Name
CELLYNNE HOLDINGS, INC.

Principal Place of Business	Mailing Address
780 CENTRAL FLA PK ORLANDO FL 32824	780 CENTRAL FLA PK ORLANDO FL 32824

[redacted]

2. Principal Place of Business	3. Mailing Address
1006 Marley Dr	1006 Marley Drive
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Haines City FL	City & State: Haines City FL
Zip: 33844 Country: USA	Zip: 33844 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3497314 — Applied For / Not Applicable

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
THE BUSINESS LAW GROUP 455 S. ORANGE AVE. SUITE 503 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 above named 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] 4/11/03
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
After May 1, 2003 Fee will be $550.00
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	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MINGUEZ, PATRICE	NAME	
STREET ADDRESS	~~780 CENTRAL FLORIDA PKWY~~ 1006 Marley Dr	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32824~~ Haines City FL 33844	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLEGRE, MARK	NAME	
STREET ADDRESS	~~780 CENTRAL FLORIDA PKWY~~ 1006 Marley Dr	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32824~~ Haines City FL 33844	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 4/11/03 (863) 547 1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #