

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052354

1. Entity Name  
CELTIC ENTERPRISES, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90033 018 \*\*\*150.00

Principal Place of Business  
211-C DUVAL ST  
KEY WEST FL 33040

Mailing Address  
211-C DUVAL ST  
KEY WEST FL 33040-6583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
211 Duval St  
Suite, Apt. #, etc.  
Suite C  
City & State  
Key West, FL  
Zip  
33040  
Country  
USA

3. Mailing Address  
211 Duval St  
Suite, Apt. #, etc.  
Suite C  
City & State  
Key West, FL  
Zip  
33040  
Country  
USA

4. FEI Number 65-0875878  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HENDRICK, JAMES T  
317 WHITEHEAD STREET  
KEY WEST FL 33041

## 7. Name and Address of New Registered Agent

Name  
Kevin Gibson  
Street Address (P.O. Box Number is Not Acceptable)  
211 Duval St suite C  
City  
Key West FL Zip Code  
33040

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 Kevin Gibson, Secretary 4/10/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICK, JAMES T 317 WHITEHEAD STREET KEY WEST FL 33041	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLISH, KEVIN 211-C DUVAL ST KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kevin Gibson 211 Duval St ste C Key West, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Kevin Gibson 4/10/00 (305) 252-1262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1034 (9/99)