

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000068344**

1. Entity Name

The Cellsite, Inc. ✓

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90005 029 ***150.00

Principal Place of Business
26133 US Hwy 19 N
Suite 107
Clearwater, FL 33763

Mailing Address

same

00043671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joseph Sinero Jr.
26133 US Hwy 19 N.
Suite 107
Clearwater, FL 33763

7. Name and Address of New Registered Agent

Name

John P. Olejnik

Street Address (P.O. Box Number is Not Acceptable)

26133 US Hwy 19 N, Suite 107

City

Clearwater

FL

Zip Code

33763

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

John P. Olejnik

JOHN P. OLEJNIK

2/10/00

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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	P	<input checked="" type="checkbox"/> Delete
NAME	Joseph Sinero Jr.	
STREET ADDRESS	3964 Mullen Hurst Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Kathleen Sinero	
STREET ADDRESS	3964 Mullen Hurst Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Olejnik	
STREET ADDRESS	26133 US Hwy 19 N., Suite 107	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cynthia M. Olejnik	
STREET ADDRESS	26133 US Hwy 19 N., Suite 107	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Olejnik JOHN P. OLEJNIK 2/10/00 727-609-8566

CR2E034 (9/99)