

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060468

1. Entity Name

CELTIC DRAGON PUB COMPANY

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 038 ***550.00

Principal Place of Business

495 RIVER MOORINGS DR.
MERRITT ISLAND FL 32953

Mailing Address

495 RIVER MOORINGS DR.
MERRITT ISLAND FL 32953

2. Principal Place of Business

495 RIVER MOORINGS DRIVE

3. Mailing Address

495 RIVER MOORINGS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32953

Country

BREVARD

Zip

32953

Country

BREVARD

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

FINNIGAN, ROGER
495 RIVER MOORINGS DR.
MERRITT ISLAND FL 32953

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROGER FINNIGAN
495 RIVER MOORINGS DRIVE
MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY TREASURER
MARGARET FINNIGAN
495 RIVER MOORINGS DRIVE
MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Logis Finnigan ROGER FINNIGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

321-459-2775

Date

Daytime Phone #