

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90126 005 \*\*\*150.00

UNIFORM AN

**DOCUMENT # P99000099688**

1. Entity Name  
**TIS-CEL, INC.**



Principal Place of Business  
**780 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824**

Mailing Address  
**780 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32824**

2. Principal Place of Business  
**1006 Marley Dr**

3. Mailing Address  
**1006 Marley Dr**

Suite, Apt. #, etc.

City & State  
**Haines City FL**

City & State  
**Haines City FL**

Zip Country  
**33844 USA**

Zip Country  
**33844 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLEGRE, MARC**  
**780 CENTRAL FLORIDA PARKWAY**  
**ORLANDO FL 32824**

1006 Marley Dr  
Haines City FL 33844

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

4. FEI Number **59-3605356** Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINGUEZ, PATRICE 780 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALLEGRE, MARC 780 CENTRAL FLORIDA PARKWAY ORLANDO FL 32824	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **4/11/03** **(863) 5471095**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)