

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

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
Suite, Apt. #, etc.

3. Mailing Address

1006 Marley Dr
Suite, Apt. #, etc.

City & State

Haines City FL

City & State

Haines City FL

Zip
33844

Country
USA

Zip
33844

Country
USA

4. FEI Number

59-3605356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ 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

7. Name and Address of New Registered Agent

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

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

TITLE **DP** ☐ Delete
NAME **MINGUEZ, PATRICE**
STREET ADDRESS **780 CENTRAL FLORIDA PARKWAY**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **DVP** ☐ Delete
NAME **ALLEGRE, MARC**
STREET ADDRESS **780 CENTRAL FLORIDA PARKWAY**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

(863) 5471095

Daytime Phone #

CR2E034 (10/02)