## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State **DOCUMENT # J61319** 1. Entity Name 05-16-2001 90126 001 \*2,850.00 CALVIN B., INC. Principal Place of Business Mailing Address 4600 46TH AVENUE 4600 46TH AVENUE P.O. BOX 276 P.O. BOX 276 CORTEZ FL 34215 CORTEZ FL 34215 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0026480 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BELL, DOUGLAS** Street Address (P.O. Box Number is Not Acceptable) 8708 50TH AVE.W. **BRADENTON FL 34210** Zip Code City FI 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Change ☐ Delete TITI F TITLE NAME Bell, Walter T. NAME STREET ADDRESS STREET ADDRESS 12115-45TH AVE..W. CITY-ST-ZIP CITY-ST-ZIP CORTEZ FL ☐ Change ☐ Addition TITLE Delete NAME BELL. CALVIN E. STREET ADDRESS STREET ADDRESS 12115-45TH AVE.,W. CITY-ST-ZIP CITY-ST-ZIP CORTEZ FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BELL, CARL D. STREET ADDRESS STREET ADORESS 8708-50TH AVE., W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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: