

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90063 028 ***150.00

B0036823

DO NOT WRITE IN THIS SPACE

DOCUMENT # pg 80000180146
 1. Entity Name
Caloosa (Florida) Inc.

Principal Place of Business
11620 Bayshore Drive
North Fort Myers, FL
33917

Mailing Address
11620 Bayshore Drive
North Fort Myers, FL
33917

2. Principal Place of Business
40 Jane Lamberson

3. Mailing Address
40 Jane Lamberson

Suite, Apt. #, etc.
4501 Tamiami Trail N. # 204

City & State
Naples, FL

Zip
34103 Country
USA

Zip
34103 Country
USA

4. FEI Number 650871471 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Dolly Cohen
777 Lantana Road
Lantana, FL 33462

7. Name and Address of New Registered Agent
 Name Jane Lamberson
 Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail N. # 204
Swope Lamberson Guilkey
 City Naples State FL Zip Code 34103

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 Jane E. Lamberson / JL Jane Lamberson 3/6/00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Günther Spindler</u> <input type="checkbox"/> Delete <u>Amtsstraße 49</u> <u>1210 WIEN, Austria</u>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Günther Spindler</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Amtsstraße 49</u> <u>D.P.S</u> <u>1210 Vienna, Austria</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Inge Spindler</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Amtsstraße 49</u> <u>1210 Vienna, Austria</u>
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Günther Spindler / GS Günther Spindler 3/6/00 9415663511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)