

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 014 ***150.00

DOCUMENT # P98000080146 1. Entity Name CALOOSA (FLORIDA) INC.

11037027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O SWOPE, LAMBERSON Suite, Apt. #, etc.	3. Mailing Address C/O SWOPE, LAMBERSON Suite, Apt. #, etc.
8955 FONTANA DEL SOL WAY City & State	P.O. BOX 111419 City & State

DO NOT WRITE IN THIS SPACE

NAPLES FL Zip 34019	Country	NAPLES FL Zip 34108-0124	Country	4. FEI Number 65-0871471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name LAMBERSON, JANE E.	
Street Address (P.O. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY	
City NAPLES	Zip Code FL 34109

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 <i>Jane E. Lamberson</i>	JANE E. LAMBERSON	4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPINDLER, GUNTER AMTSSTRASSE 49 1210 VIENNA AUSTRIA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SPINDLE, INGE AMTSSTRASSE 49 1210 VIENNA AUSTRIA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERSON, JANE E. 8955 FONTANA DEL SOL WAY NAPLES FL 34109	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Jane E. Lamberson</i>	JANE E. LAMBERSON	4/24/03	(239) 262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)