

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 361905**

1. Entity Name

**CAL-ROB INC**

Principal Place of Business

**400 E. TEN MILE ROAD  
PENSACOLA FL 32534**

Mailing Address

**400 E. TEN MILE ROAD  
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1385686**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, C E  
400 E. TEN MILE ROAD  
PENSACOLA FL 32514**Name **Sue H. JACKSON**Street Address (P.O. Box Number is Not Acceptable)  
**400 E. TEN MILE ROAD  
Pensacola FL 32534**City **FL** Zip Code

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

*Sue H. Jackson*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-1-01**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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP JACKSON, C E**  
STREET ADDRESS **400 E. TEN MILE ROAD**  
CITY-ST-ZIP **PENSACOLA, FL 00000**TITLE ☒ Change ☐ Addition  
NAME **DP Jarrett E. Jackson**  
STREET ADDRESS **2912 Molino Rd.**  
CITY-ST-ZIP **Molino, FL 32577**TITLE ☐ Delete  
NAME **D VIVIANO, SAM**  
STREET ADDRESS **326 S. PALAFOX ST.**  
CITY-ST-ZIP **PENSACOLA FL**TITLE ☒ Change ☐ Addition  
NAME **D Joel R. Jackson**  
STREET ADDRESS **800 Alysheba Lane**  
CITY-ST-ZIP **Cantonment, FL 32533**TITLE ☐ Delete  
NAME **STD JACKSON, SUE H**  
STREET ADDRESS **400 E. TEN MILE ROAD**  
CITY-ST-ZIP **PENSACOLA, FL 00000**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jarrett E. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-01**

Date

**850-477-2636**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)