

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90929 033 ***158.75

DOCUMENT # 410524

1. Entity Name
V. M. CALDERON, INC.

Principal Place of Business

**6150 PORTER ROAD
 SARASOTA FL 34240
 US**

Mailing Address

**P.O. BOX 4241
 SARASOTA FL 34230-4241
 US**

758107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1490 6th ST.

Suite, Apt. #, etc.

3. Mailing Address

P O Box 4241

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Sarasota FL

4. FEI Number **59-1416500**

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34230

Country

USA

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

6. Name and Address of Current Registered Agent

**CALDERON, VICTOR F
 4040 RED ROCK LANE
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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 **P** ☐ Delete
 NAME **CALDERON, VICTOR F.**
 STREET ADDRESS **4040 RED ROCK LANE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **S** ☐ Delete
 NAME **BARTOLOME, BARBARA B**
 STREET ADDRESS **5301 MESA WAY**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1621 Georgetowne Blvd**
 CITY-ST-ZIP **34232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 **941-366-3708**
 Date Daytime Phone #

CR2E034 (10/00)