FILED

4.13.0/ 813634327 Date Dayline Phone

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

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 474761** 1. Entity Name CALOOSA T.V., INC. 04-17-2001 90171 003 \*\*\*150.00 Principal Place of Business Mailing Address 791 CORTARO DR 791 CORTARO DR SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 C0047048 2. Principal Place of Business 3. Mailing Address \_\_Suite, Apt. #, etc. Suite, Apt.,#, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1585268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROQUE, RAUL Street Address (P.O. Box Number is Not Acceptable) 2022 1/2 E. 7TH AVENUE TAMPA FL Zip Code City 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Delete TITLE TITLE POELVOORDE, RICHARD P NAME NAME STREET ADDRESS STREET ADDRESS 2115 36 STREET SE CITY-ST-ZIP CITY-ST-ZIP **RUSKIN FL** TITLE ☐ Delete TITI F ☐ Change Addition POELVOORDE, VICTORIA L NAME STREET ADDRESS STREET ADDRESS 2115 36 STREET SE CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 supplier ental report is true and accordate 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 empowers in Block 11 or Block 12 if changed, or on an attachme