2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
06-19-2001 90008 001 ***550.00

DOCUMENT # F00000002005

1. Entity Name
CALVARY MANAGEMENT, INC.

C0071300

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
468 ALINOLE LOOP LAKE MARY FL 32746	468 ALINOLE LOOP LAKE MARY FL 32746

2. Principal Place of Business	3. Mailing Address
Suite Apt. # etc.	Suite Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3615570 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MISKO, BRUCE
468 ALINOLE LOOP
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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

N/A

☐

10. $5.00 Add'l. Fee Applicable

OFFICER AND DIRECTORS	12. ADDITIONS OR CHANGES TO OFFICERS OR DIRECTORS
PTD MISKO, BRUCE 468 ALINOLE LOOP LAKE MARY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VS MISKO, AMANDA 468 ALINOLE LOOP LAKE MARY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Add
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Add

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: Amanda Misko — Treasurer — 6-08-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #