

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006041

1. Entity Name

CALDWELL ENERGY & ENVIRONMENTAL, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90105 001 ***300.00

Principal Place of Business

Mailing Address

P.O. BOX 35480
LOUISVILLE KY 40232

P.O. BOX 35480
LOUISVILLE KY 40232

- 38493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 61-1284088

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME PT
STREET ADDRESS KRAFT, JOHN E
CITY-ST-ZIP 213 COLONIAL CLUB AVE.
NEW ALBANY IN 47150 ☐ Delete

TITLE
NAME
STREET ADDRESS 3333 Cobblers CT
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS FINEMAN, BERNARD S
CITY-ST-ZIP 11503 SPRINGHEATH COURT
LOUISVILLE KY 40223 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS ROBINSON, JAMES W
CITY-ST-ZIP 7621 STATE ROAD 62
LONESVILLE IN 47136 ☐ Delete

TITLE
NAME
STREET ADDRESS 7527 State Rd 62
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Barry L. Grew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY L. GREW

Date

Daytime Phone #

CR2E034 (10/00)