

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F04000002909

1. Entity Name
CAERUS, INC.



Principal Place of Business
151 SOUTH WYMORE ROAD, SUITE 3000
ALTAMONTE SPRINGS, FL 32714

Mailing Address
151 SOUTH WYMORE ROAD, SUITE 3000
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10182005

Chg-P

CR2E034 (10/03)

4. FEI Number
30-0079826

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

LEWIS, SHAWN M
151 SOUTH WYMORE ROAD, SUITE 3000
ALTAMONTE SPRINGS, FL 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME LEWIS, SHAWN M
STREET ADDRESS 151 SOUTH WYMORE ROAD, SUITE 3000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☒ Delete

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

TITLE T
NAME BYDLON, THAD
STREET ADDRESS 151 SOUTH WYMORE ROAD, SUITE 3000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☒ Delete

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

TITLE D
NAME JONES, MALCOLM F
STREET ADDRESS 151 SOUTH WYMORE ROAD, SUITE 3000
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 ☒ Delete

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

TITLE C
NAME IVESTER, STEVEN
STREET ADDRESS 12330 SW 53RD, STE 712
CITY-ST-ZIP FORT LAUDERDALE, FL 33330 ☐ Delete

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

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12. 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 10 or Block 11 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

Date

Daytime Phone #

FILED

05 OCT 19 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182005 Chg-P CR2E034 (10/03)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/24

200060951432
10/26/05--01037--007 **70.00

STEVEN IVESTER 10/10/2005 954-434-2000