

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # F20183

1. Entity Name
N. P. CALHOUN, INC.

Principal Place of Business
506 OYSTER ROAD
JUNO, FL 33408

Mailing Address
506 OYSTER ROAD
JUNO, FL 33408

2. Principal Place of Business
506 OYSTER ROAD

3. Mailing Address
506 OYSTER ROAD

Suite, Apt. #, etc.

City & State
NORTH PALM BEACH FL

City & State
NORTH PALM BEACH FL

Zip Country
33408

Zip Country
33408

4. FEI Number
59-2068666

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HURD, ROGER C
8295 N. MILITARY TRAIL, SUITE A
PALM BEACH GARDENS FL 33410 US

7. Name and Address of New Registered Agent

Name
HURD, ROGER C
Street Address (P.O. Box Number is Not Acceptable)
8295 N. MILITARY TRAIL, SUITE A
City
PALM BEACH GARDENS FL Zip Code
33410

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 _____ DATE 01/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	VTD	<input type="checkbox"/> Delete
NAME	CALHOUN JAMES W	
STREET ADDRESS	506 OYSTER ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	CALHOUN NANCY P	
STREET ADDRESS	506 OYSTER ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES W. CALHOUN

VP

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)