

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90354 022 ***150.00

DOCUMENT # F99000000357

1. Entity Name

JIM CALDWELL, INC.

Principal Place of Business

**34-38 MIAMI PLAZA
 SEASIDE FL 32459**

Mailing Address

**JIM CALDWELL INC
 3812 W CO HWY 30 PL
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

34-38 Central Square
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4634
 Suite, Apt. #, etc.

City & State

Seaside FL

City & State

Santa Rosa Beach FL

4. FEI Number

74-2584265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CALDWELL, JAMES P
 3812 W CO. HWY 30A
 SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name **James P Caldwell**

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

#3 2236 E. CR-30-A

City **Santa Rosa Beach**

FL

Zip Code **32459**

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, 2002 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 **CPST** ☒ Delete
 NAME **CALDWELL, JIM INC**
 STREET ADDRESS **3812 W CR 30A**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPST** ☒ Change ☐ Addition
 NAME **Jim Caldwell Inc.**
 STREET ADDRESS **#3 2236 CR-30-A**
 CITY-ST-ZIP **Santa Rosa Beach FL 32459**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Caldwell

2-13-02 850-622-2227

Date

Daytime Phone #

CR2E034 (9/01)