2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90030 023 ***150.00

DOCUMENT # H05124

1. Entity Name
CAUDLE CONSTRUCTION, INCORPORATED

Principal Place of Business	Mailing Address
2130 ARROWHEAD LN PO BOX 307 CHULUOTA FL 32766 US	2130 ARROWHEAD LANE PO BOX 307 CHULUOTA FL 32766-8655 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2680 WASSUM TR.	
Suite, Apt. #, etc: P.O. BOX 307	Suite, Apt. #, etc.
City & State: CHULUOTO, Fl.	City & State
Zip: 32766 / Country: U.S.	Zip / Country

4. FEI Number 59-2403581 ☐ 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
CAUDLE, CHARLES B. 2130 ARROWHEAD LN CHULUOTA FL 32766	Name: Street Address (P.O. Box Number is Not Acceptable): 2680 WASSUM TR. City: CHULUOTA FL Zip Code: 32766

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 Charles B Caudle PRESIDENT 3/11/00
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, 2000 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 STREET ADDRESS CITY-ST-ZIP	PD CAUDLE, CHARLES B. 2130 ARROWHEAD LANE CHULUOTA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAUDLE, CHARLES B. 2680 WASSUM TR. CHULUOTA, Fl. 32766 ☐ 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
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CR2E034 (9/99)

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: Charles B Caudle 3/11/00 407 365-9089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHARLES B. CAUDLE