

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90117 013 ***150.00

DOCUMENT #
Entity Name
Calypso Enterprises and Holding Inc.

Principal Place of Business
Mailing Address
**4813 Tarpon Ct.
Cape Coral 33904 FL.**

Principal Place of Business
Cape Coral FL.
Suite, Apt. #, etc.
5
City & State
Cape Coral FL.
Zip
33904
Country
Flr.

3. Mailing Address
4813 Tarpon Ct.
Suite, Apt. #, etc.
5
City & State
Cape Coral 33904
Zip
33904
Country

4. FEI Number
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
Name
Timmermann, Klaus
Street Address (P.O. Box Number is Not Acceptable)
4813 Tarpon Ct.
City
Cape Coral **FL** Zip Code
33904

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 **Klaus Timmermann**
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
april 2000
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
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Klaus Tsmmermann, Pres. ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Frank Timmermann, Dir. ☐ Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
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CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
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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: **Timmermann, Klaus**
Signature and typed or printed name of signing officer or director
april 2000
Date
944-549-938
Phone

CR2E034 (9/99)