

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90246 012 ***150.00

DOCUMENT # J02273

1. Entity Name

CALYPSO ENTERPRISES & HOLDINGS, INC.

Principal Place of Business

4813 TARPON COURT

3

CAPE CORAL FL 33904-9410

Mailing Address

4813 TARPON COURT

3

CAPE CORAL FL 33904-9410

US

2. Principal Place of Business

4813 Tarpon Ct.

3. Mailing Address

Rx. Cape Coral 33904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral 33904

City & State

Cape Coral 33904

Zip

33904

Country

Lee

Zip

33904

Country

lee

4. FEI Number

59-2327830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMMERMANN, FRANK

4813 TARPON CT.

CAPE CORAL FL 33904

Name

Timmermann, Klaus

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

7855 Cameron Circle

City

Ft. Myers

FL

Zip Code

33912

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 **D** ☐ Delete
NAME **TIMMERMANN, KLAUS**
STREET ADDRESS **4809 TARPON COURT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Delete
NAME **TIMMERMANN, FRANK**
STREET ADDRESS **4813 TARPON CT.**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

CR2E034 (9/01)

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

Date

Daytime Phone #