

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90243 025 \*\*\*\*50.00

**DOCUMENT #** L010Q0022853

1. Entity Name

1538 BUILDING, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

918 S. WASHINGTON AVE

3. Mailing Address

918 S. WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE

City & State

FL

4. FEI Number

80-0024663

Applied For

Not Applicable

Zip

32780

Country

BREVARD

Zip

32780

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOE P. CALDERWOOD

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

918 S. WASHINGTON AVE

City

TITUSVILLE

FL

Zip Code

32780

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MANAGING MEMBER	JOE P. CALDERWOOD	918 S. WASHINGTON AVE	TITUSVILLE, FL 32780
MEMBER	GIL CALDERWOOD	918 S. WASHINGTON AVE	TITUSVILLE, FL 32780
MANAGING MEMBER	PAUL TURNER	551 N. WASHINGTON AVE	TITUSVILLE, FL 32796
MEMBER	JACQUE ALON	551 N. WASHINGTON AVE	TITUSVILLE, FL 32796

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-02 321-268-109

CR2E083B (12/01)