

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003068

1. Entity Name

CALKINS ENTERPRISES, L.L.C.

FILED

00 JAN 12 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

298 SOUTH NOVA ROAD  
ORMOND BEACH FL 32174

Mailing Address

298 SOUTH NOVA ROAD  
ORMOND BEACH FL 32174-6117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3578458

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM  
NAME CALKINS, MICHAEL W  
STREET ADDRESS 298 SOUTH NOVA ROAD  
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100003103841--6  
-01/20/00--01020--016  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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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:

MICHAEL W. CALKINS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-4-00 904-672-8663

Date

Daytime Phone #

CR2E083 (9/99)