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**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

I hereby certify that the informal indicated on this report is true a limited liability combanyor the

SIGNATURE:

## Jan 11, 2002 8:00 am Secretary of State DOCUMENT # L9900003068 01-11-2002 90014 006 \*\*\*\*55.00 CALKINS ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 298 SOUTH NOVA ROAD 298 SOUTH NOVA ROAD ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3578458 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. (9/01)MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME CALKINS, MICHAEL W NAME CR2E083 STREET ADDRESS 298 SOUTH NOVA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE · 🔲 Delete TITLE \_\_ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the ecute this report as required by Chapter 608, Florida Statutes.

1-7-02

386-673-8663