

2002 UNIFORM BUSINESS REPORT (UBR)

0015368

DOCUMENT # M01000002377

1. Entity Name

CALUSA INVESTMENTS, LLC

Principal Place of Business

4501 SINGER COURT, SUITE 103
CHANTILLY VA 20151

Mailing Address

4501 SINGER COURT, SUITE 103
CHANTILLY VA 20151

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 54-2046140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

20000829862--6
-10/09/02--01065--011
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SHUMWAY, DAVID B
STREET ADDRESS 4501 SINGER COURT, SUITE 103
CITY-ST-ZIP CHANTILLY VA 20151

TITLE MGR ☐ Change ☒ Addition
NAME Shumway, David
STREET ADDRESS 4501 Singer Court, Suite 103
CITY-ST-ZIP Chantilly VA 20151

TITLE MGR ☒ Delete
NAME BAPST, RANDY A
STREET ADDRESS 4501 SINGER COURT, SUITE 103
CITY-ST-ZIP CHANTILLY VA 20151

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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
SIGNATURE REQUIRED

9/12/02

703-259-8808

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

Date

Daytime Phone #

CR2E083 (4/02)