

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 31 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036795

1. Entity Name

CALIBRE BUILDING CO., INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

22 W. MONUMENT AVE

Suite, Apt. #, etc.

SUITE 13

3. Mailing Address

PO BOX 421871

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
KISSIMMEE FLORIDA

City & State  
KISSIMMEE FLORIDA

4. FEI Number

59-3650915

Applied For

Not Applicable

Zip  
34741

Country  
USA

Zip  
34742

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN B. HOLLINGSWORTH

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

2912 ELDIENTE WAY

City

KISSIMMEE

FL

Zip Code

34758

**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.

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT P JOHN B. HOLLINGSWORTH 2912 ELDIENTE WAY KISSIMMEE FL 34758	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT VP KAZIMIERZ C. WYPIOR 1830 WILLINGHAM WAY KISSIMMEE FL 34744	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

201.25 - AR

10.00 - ARARTS

88.75 - ARSUPP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

407-931-3295

Daytime Phone #

CR2E034B (12/01)