Page 1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065255

2002

1. Entity Name

CALVIN BRYANT,JR.,INC.

FILED

02 MAR 11 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005169272--9
-03/26/02--01045--016
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1047 23RD ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL. 34234	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1017513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PATRICIA B. LAMB

Street Address (P.O. Box Number is Not Acceptable): 1047 23RD ST

City: SARASOTA FL Zip Code: 34234

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: If changing the Agent, signature is required when mailing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1st 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	
TITLE	PRESIDENT
NAME	CALVIN BRYANT,JR.
STREET ADDRESS	1047 23RD ST.
CITY-ST-ZIP	SARASOTA,FL. 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TO 01-02 UBR

200005169272--9
-03/26/02--01045--017
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CR2E034B (12/01)

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: Calvin Bryant Jr. 2/11/02 (941)363-0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CALVEN BRYANT JR, PAGE 2 of 2
1047 23RD ST.
SARASOTA, FL. # P00000065255
#65-1017513 2001 150.00
AND 2002 150.00

FEBRUARY 11, 2002

FL. DIV. OF CORPORATIONS
P. O. BOX 6327
SARASOTA, FL. 34234

#65-1017513
INCORPORATED 06/28/2000

DEAR SIR:

~~I~~ HAD NOT RECEIVED ~~THE RENEWAL~~ FORM 2001.
I HAD NOT RECEIVED THE RENEWAL FORM 2002

ENCLOSED (2) TWO FORMS 2001 AND 2002. I HAD CALLED YOUR OFFICE. YOUR OFFICE TOLD ME TO MAIL IN THE $150.00 FOR 2001 AND THE $150.00 FOR 2002.

THANK YOU.

SINCERELY,
Calvin Bryant