## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P00000080545 J. CALDER, INC. Principal Place of Business Mailing Address 1116 LANCASTER DRIVE 1116 LANCASTER DRIVE

## **FILED** Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90055 040 \*\*\*150.00

| ORLANDO FL 32806-2316  |                          | ORLANDO FL 32806-2316   |  |                     |                                |   |                              |              |
|--|--------------------------|---|--|---------------------|--------------------------------|---|------------------------------|--------------|
|  |                          |   |  |                     |                                |   | 1116    1811  1116  1117  11 |              |
| 2. Principal Place of Business                                     |                          | 3. Mailing Address  |  |                     |                                |   |                              |              |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.   |  |                     |                                | DO NOT WRITE II                         | N THIS SPACE                 |              |
| City & State   |                          | City & State  |  |                     | 4                              | FEI Number 59 - 366 4600                | <del></del>                  | oplied For   |
| Zip Country  | , -                      | Zip Cour  |  | ry                  | 5                              |   | \$8.75 Add                   | ditional     |
| - 6. Name and Addr   | egistered Agent — -      | ſ   |  | 7.                  | . Name and Address of New Regi | <del>_</del>                            | · -                          |              |
|  |                          | <u></u>   |  | Name                |                                |   |                              |              |
| CALDER, JENNIFER   |                          |   |  |                     | <u> </u>                       |   |                              |              |
| 1116 LANCASTER DRIVE   |                          |   | Street Address (P.O. Box Number is Not Acceptable) |                     |                                |   |                              |              |
| ORLANDO FL 32806-231   | 6                        |   |  |                     |                                |   |                              |              |
|  |                          |   |  | City                |                                |   | FL Zip Cod                   | e            |
| 8. The above named entity submits t                                | his statement for th     | ne purpose of changing its  | registere  | d office o          | r registered a                 | agent, or both, in the State of Florida | 3.                           |              |
| SIGNATURE Signature, typed or printed name                         | and registered agent and | title if applicable (NOTE   | Penistered   | Agent signs)        | ure required whe               | n rejectation)                          | DATE                         |              |
| Signature, typed or printing than                                  |                          | 1   |  |                     |                                | Truinstating/                           |                              | -            |
| 9. This corporation is eligible to satis                           | 1                        | FILE NOW!!! FEE IS \$150.00   |  |                     | 10. Election Campaign Finance  | ing <b>\$5.0</b>                        | O May Be                     |              |
| Tax filing requirement and elects to do so. (See criteria on back) |                          | After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Sta |  |                     |                                | Trust Fund Contribution.                |                              | to Fees      |
| 11.  | OFFICERS AND DI          | <u> </u>  | 12.  |                     |                                | ADDITIONS/CHANGES TO OFFICE             | BS AND DIRECTOR              | S IN 11      |
| TITLE D  |                          | ☐ Delete  | TITLE  |                     | P10                            |   |                              | Addition     |
| NAME CALDER, JENNIFE   | R                        |   | NAME   |                     |                                |   | <b>n</b> - '                 | _            |
| STREET ADDRESS 1116 LANCASTER                                      |                          |   | STREE  | T ADDRESS           |                                |   |                              |              |
| CITY-ST-ZIP ORLANDO FL 3280  | 06-2316                  |   | CITY-:   | ST-ZIP              |                                | <u> </u>                                | _                            |              |
| TITLE  |                          | ☐ Delete  | TITLE  |                     | V P                            |   | ☐ Change                     | 🔀 Addition   |
| NAME   |                          |   | NAME   |                     | CALO                           | ER, ALEXANDER                           | <del>)</del>                 |              |
| STREET ADDRESS<br>CITY-ST-ZIP                                      |                          |   |  | T ADDRESS<br>ST-ZIP | 1116 L                         | ANCASTER DR                             |                              |              |
|  |                          |   | _  | 31-21               | S OKL AN                       | 100 FL 32806                            | Change                       | TST audition |
| TITLE<br>NAME  |                          | ☐ Delete  | TITLE<br>NAME                                      |                     | VAU                            | LGHN, RENAE                             | ☐ Change                     | X Addition   |
| STREET ADDRESS   |                          |   |  | T ADDRESS           | ,                              | WOOD LAKE                               |                              | ì            |
| CITY-ST-ZIP  |                          |   | CITY-S   |                     |                                | TLAND FL 32751                          |                              |              |
| TITLE  | <del></del>              | □ Delete  | TITLE  |                     | 7                              | , c.,                                   | ☐ Change                     | Addition     |
| NAME   |                          |   | NAME   |                     |                                |   |                              |              |
| STREET ADDRESS   |                          |   | STREET   | T ADDRESS           | !<br>                          |   |                              | j            |
| CITY-ST-ZIP  |                          |   | CITY-S   | ST-ZIP              |                                |   |                              |              |
| TITLE  |                          | ☐ Delete  | TITLE  | ,                   |                                |   | ☐ Change                     | Addition     |
| NAME   |                          |   | NAME   |                     | 1                              |   |                              |              |
| STREET ADDRESS   |                          |   | STREE  | T ADDRESS           |                                |   |                              |              |
| ]  |                          |   |  |                     | ſ                              |   |                              |              |
| CITY-ST-ZIP  |                          |   | CITY-S   | ST-ZIP              |                                |   |                              |              |
| CITY-ST-ZIP TITLE  |                          | ☐ Delete  | TITLE  | ST-ZIP              |                                |   | ☐ Change                     | ☐ Addition   |
| CITY-SI-ZIP TITLE NAME   |                          | ☐ Delete  | TITLE<br>NAME                                      |                     |                                |   | ☐ Change                     | ☐ Addition   |
| CITY-ST-ZIP TITLE  |                          | ☐ Delete  | TITLE<br>NAME                                      | T ADDRESS           |                                |   | ☐ Change                     | ☐ Addition   |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.