2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90026 034 ***150.00

DOCUMENT # P00000085803

1. Entity Name
CAVE INC.

Principal Place of Business	Mailing Address
2313 S. MILLS AVE. ORLANDO FL 32806	2313 S. MILLS AVE. ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2233 Barr Circle	2233 Barr Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32807 / Country: USA	Zip: 32807 / Country: USA

4. FEI Number 59-3683703 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, STEPHAN E
2313 S. MILLS AVE.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2233 Barr Circle
City Orlando FL Zip Code 32807

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEWIS, STEPHAN E 2313 S. MILLS AVE. ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2233 BARR Cir. Orlando, FL 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, CARIKEN H 2313 S. MILLS AVE. ORLANDO FL 32806 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Lewis, Carole J 2233 Barr Circle Orlando FL 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Stephan E. Lewis, PD Stephan E. Lewis 4/21/2001 407-925-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)