

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90115 035 ***158.75

DOCUMENT # P01000022639

1. Entity Name
CALO CONSTRUCTION, INC.



Principal Place of Business
**15060 63RD PLACE N.
LOXANATCHEE FL 33470**

Mailing Address
**15060 63RD PLACE N.
LOXANATCHEE FL 33470**

22001215



2. Principal Place of Business
3122 SW LAKE TER.
Suite, Apt. #, etc.

3. Mailing Address
3122 SW LAKE TER.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Palm City FL
Zip
34990
Country
USA

City & State
Palm City FL
Zip
34990
Country
USA

4. FEI Number
65-1084450

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CALO, DOUGLAS G
15060 63RD PLACE N.
LOXANATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name
DOUG CALO
Street Address (P.O. Box Number is Not Acceptable)
3122 SW LAKE TER.
City
Palm City FL Zip Code
34990

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 **Doug Calo** Pres **1-30-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CALO, DOUG
15060 63RD PL N
LOXANATCHEE FL 33470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAME
3122 SW LAKE TER.
PALM CITY, FL 34990** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CALO, MARY
15060 63RD PL N
LOXANATCHEE FL 33470** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAME
3122 SW LAKE TER.
PALM CITY, FL 34990** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Doug Calo** Pres **1-30-03** **561-262-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)