

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90378 013 ***150.00

DOCUMENT # P01000029834

1. Entity Name

CALYPSO! AN ISLAND GRILLE, INC.

Principal Place of Business

**730 BAYFRONT PARKWAY, STE. 4-B
 PENSACOLA FL 32501**

Mailing Address

**730 BAYFRONT PARKWAY, STE. 4-B
 PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

600 E. Gregory St.
 Suite, Apt. #, etc.

600 E. Gregory St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3712354

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, JAMES J

**730 BAYFRONT PARKWAY, STE. 4-B
 PENSACOLA FL 32501**

Name

W. McGuire Martin

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

600 E. Gregory St.

City

PENSACOLA

FL

Zip Code

32501

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

4/11/02

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EDITH F	
STREET ADDRESS	730 BAYFRONT PARKWAY, STE. 4-B	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSTNER, KIMBERLY	
STREET ADDRESS	730 BAYFRONT PARKWAY, STE. 4-B	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, Molly M.	
STREET ADDRESS	600 E. Gregory St.	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, W. McGuire	
STREET ADDRESS	600 E. Gregory St.	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 (850) 433-6715

CR2E034 (9/01)