

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000032751**



1. Entity Name
CALLOWAY ENTERPRISES, INC.

Principal Place of Business
**1220 WILDWOOD LAKES BLVD
NAPLES FL 34104**

Mailing Address
**1220 WILDWOOD LAKES BLVD
NAPLES FL 34104**

**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90118 005 ***150.00

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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 1220 Wildwood Lakes Blvd Suite, Apt. #, etc. #201 City & State Naples, Fla. Zip 34104	3. Mailing Address 1220 Wildwood Lakes Blvd Suite, Apt. #, etc. #201 City & State Naples, Fla. Zip 34104	4. FEI Number 59-3708328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent CALLOWAY, MARK A 5300 CYPRESS LANE NAPLES FL 34113		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

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	D Calloway, Mark A 5300 Cypress Lane Naples FL 34113	<input checked="" type="checkbox"/> Delete	P. V. T Calloway, Mark A 1220 Wildwood Lakes Blvd #201 Naples, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARK CALLOWAY
RECMARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Calloway 1-7-03 450
6642*

Date

Daytime Phone #

CR2E034 (10/02)