

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90242 027 ***158.75

DOCUMENT # P01000033915

1. Entity Name
KALVIN DESIGN STUDIOS, INC.

Principal Place of Business
**1100 SIXTH AVE. SOUTH, STE. 228
 NAPLES FL 34102**

Mailing Address
**1100 SIXTH AVE. SOUTH, STE. 228
 NAPLES FL 34102**

958524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 FIFTH AVE. S.

3. Mailing Address
← SAME CHANGES

Suite, Apt. #, etc.
STE 208

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

4. FEI Number
65-1088381

Applied For
 Not Applicable

Zip
34102

Country
COWPER

Zip

Country

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

6. Name and Address of Current Registered Agent

KALVIN, THOMAS M
1100 SIXTH AVE. SOUTH, STE. 228
NAPLES FL 34102

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PST KALVIN, THOMAS M 1100 SIXTH AVE. SOUTH, STE. 228 NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1100 5TH AVE. SOUTH, STE 208 NAPLES, FL 34102
<input type="checkbox"/> Delete	V KALVIN, KAREN 1100 SIXTH AVE. SOUTH, STE. 228 NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1100 5TH AVE. SOUTH, STE 208 NAPLES, FL 34102
<input type="checkbox"/> Delete	S DOVERSPIKE, KAREN 1100 SIXTH AVE. SOUTH, STE. 228 NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD PALMER, KAREN 1100 5TH AVE. SOUTH, STE 208 NAPLES, FL 34102
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *KAREN KALVIN* **KAREN KALVIN** 4/25/02 239-263-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)