

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90152 041 ***150.00

DOCUMENT # P01000048679

1. Entity Name
DAVID CALDER GENERAL CONTRACTOR, INC.



Principal Place of Business
~~1017 7TH ST NORTH~~
~~NAPLES FL 34108~~

Mailing Address
~~1017 7TH ST NORTH~~
~~NAPLES FL 34108~~

2. Principal Place of Business
27308 JC Lane

3. Mailing Address
27308 JC Lane

Suite, Apt. #, etc.

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip
34135

Country
U.S.A.

4. FEI Number **59-3715474** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALDER, DAVID
~~1017 7TH ST NORTH~~
~~NAPLES FL 34108~~

7. Name and Address of New Registered Agent

Name **DAVID CALDER**
Street Address (P.O. Box Number is Not Acceptable)
27308 JC Lane
City **Bonita Springs FL** Zip Code **34135**

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 *David Calder*

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/03

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	Delete
D	CALDER, DAVID	1017 7TH ST NORTH	NAPLES FL 34108	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CALDER, DAVID	27308 J.C Lane	Bonita Springs FL 34135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *David Calder* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03 (239)-992-3354

Date

Daytime Phone #

CR2E034 (10/02)