

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90063 030 ***150.00

DOCUMENT # P01000054353

1. Entity Name

CALICO JUSTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18383 Camellia Road

3. Mailing Address
18383 Camellia Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEE Number
65-1108921

Applied For
Not Applicable

Zip
33912-3274

Country
USA

Zip
33912-3274

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marie L. Eastwood

Street Address (P.O. Box Number is Not Acceptable)
18383 Camellia Road

City
Fort Myers

FL

Zip Code
33912-3274

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P NAME STREET ADDRESS CITY - ST - ZIP	President Marie L. Eastwood 18383 Camellia Road, Fort Myers, Florida, 33912-3274
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Eastwood

4 Apr 02

Date

941-267-9144

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)