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03-06-2002 90130 047 \*\*\*150.00

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<b>DOCUMENT #</b> P01000074933				<b>Secretary of State</b> 03-06-2002 90130 047 ***150.00			
1. Entity Name <b>CALOOSA PROPERTY MANAGEMENT CO.</b>							
Principal Place of Business <b>8880 TERRENE CT. BONITA SPRINGS FL 34135</b>				Mailing Address <b>8880 TERRENE CT. BONITA SPRINGS FL 34135</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>MILLER, LAURIE E 8880 TERRENE CT. BONITA SPRINGS FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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) <input type="checkbox"/>				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>				<b>\$8.75 Additional Fee Required</b>			
<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 807, 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: <b>SIGNATURE REQUIRED</b>				2/21/02 (941)633-7702			