

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90091 009 ***150.00

DOCUMENT # P01000112730

1. Entity Name

CALJAC ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2248 - 60th Street N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

4. FEI Number

applied for

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

D & B Corporate Services, Inc.

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

5999 Central Avenue

Suite 202

City

St. Petersburg

FL

Zip Code

33710

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 \$81.25

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 D/P/CEO
NAME Calvin A. Christian
STREET ADDRESS 2248 - 60th Street North
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE D/S/CFO
NAME Jacqueline M. Christian
STREET ADDRESS 2248 - 60th Street North
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information indicated on this report or supplied by the corporation or the receiver of the attachment with an address, will

SIGNATURE: *Calvin A. Christian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

that the information
of an officer or director
Block 11 or on an
445-0460

MUST FILE
5/11/02
PLEASE CALL
LISA @ 7273845000
WITH QUESTIONS.

CR2E034B (12/01)