

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000118820****1. Entity Name**
CALVIN LLOYD "INC"

FILED

02 OCT -7 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business**
29081 US 19 N. #255
CLEARWATER FL 33671**Mailing Address**
29081 US 19 N. #255
CLEARWATER FL 33671**2. Principal Place of Business****3. Mailing Address**2625 State Road
Suite, Apt. #, etc.
18132625 State Road
Suite, Apt. #, etc.
1813

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL**City & State**
Clearwater FL**4. FEI Number**
S9 3760 879**Applied For**
☐ Not Applicable**Zip**
33759**Country****Zip**
33759**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LLOYD, CALVIN J
29081 US 19 N. LOT #255
CLEARWATER FL 33761**Name**
Calvin Lloyd**Street Address (P.O. Box Number is Not Acceptable)**

2625 State Road #1813

City
Clearwater**FL****Zip Code**
33759**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**
Calvin J. Lloyd

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) ☒**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
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CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 12, 2002 877 452-2862

Date

Daytime Phone #

CR2E034 (4/02)

9/10/02