

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 043 ***150.00

0516532 AV

DOCUMENT # **P02000017402**

1. Entity Name
CALEB INVESTMENT GROUP, INC.



Principal Place of Business
**130 SW 39TH ST
CAPE CORAL FL 33914**

Mailing Address
**C/O ROBERT D. ROYSTON JR
PO DRAWER 60205
FORT MYERS FL 33906**

11023605



2. Principal Place of Business
~~1431 SE 22nd St~~

3. Mailing Address

Suite, Apt. #, etc.
PO Box 152433

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State

4. FEI Number
37-1422655

Applied For
Not Applicable

Zip
~~33915~~

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD SUITE 101
FORT MYERS FL 33907**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Delete
NAME **D EMLER, CLAUDE**
STREET ADDRESS **130 SW 39TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition
NAME **P, S, T**
STREET ADDRESS **1431 SE 22nd St**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE: SIGNATURE REQUIRED **CLAUDE EMLER** **22 APR 03** **(239) 772-9415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)