

**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~~  
~~33990~~

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**

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

**7. Name and Address of New Registered Agent**

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**

Signature, typed or printed name of registered agent and title if applicable.

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**CLAUDE EMLER**

**22 APR 03**

**(239) 772-9415**

Date

Daytime Phone #

CR2E034 (10/02)