

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90115 034 \*\*\*150.00

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**DOCUMENT # P02000037044**

1. Entity Name  
**CALUSA ISLAND REALTY, INC.**



Principal Place of Business  
**6630 ROWAN ROAD  
NEW PORT RICHEY FL 34653**

Mailing Address  
**6630 ROWAN ROAD  
NEW PORT RICHEY FL 34653**

**11010967**



2. Principal Place of Business  
**5130 Main Street**

3. Mailing Address  
**5130 Main Street**

Suite, Apt. #, etc.  
**Suite 6**

Suite, Apt. #, etc.  
**Suite 6**

City & State  
**New Port Richey, FL**

City & State  
**New Port Richey, FL**

Zip  
**34652**

Country  
**PASCO**

Zip  
**34652**

Country  
**PASCO**

4. FEI Number  
**04-365-8376**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NAPLES LAWDOK INC  
4501 TAMiami TRAIL NORTH SUITE 300  
NAPLES FL 34103**

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)

**4/17/03**  
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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>ROBERT M. REED II</b>	
STREET ADDRESS <b>5130 MAIN STREET</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34653</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)