

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

8/  
6/

08-01-2003 90058 017 \*\*\*400.00  
06-18-2003 90023 027 \*\*\*150.00

DOCUMENT # P02000075802

1. Entity Name  
CAVALIERE CONSTRUCTION, INC.



Principal Place of Business  
512 TIMBER RIDGE DRIVE  
PENSACOLA FL 32534

Mailing Address  
512 TIMBER RIDGE DRIVE  
PENSACOLA FL 32534

55054876



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

161625101

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

7. Name and Address of New Registered Agent

CAVALIERE, MIKE  
512 TIMBER RIDGE DRIVE  
PENSACOLA FL 32534

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 | NAME             | STREET ADDRESS         | CITY-ST-ZIP        |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |                                                                   |
|-------|------------------|------------------------|--------------------|---------------------------------|-------|------|----------------|-------------|-------------------------------------------------------------------|
|       | DPV              |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | CAVALIERE, MIKE  | 512 TIMBER RIDGE DRIVE | PENSACOLA FL 32534 |                                 |       |      |                |             |                                                                   |
|       | ST               |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | CAVALIERE, CATHY | 512 TIMBER RIDGE DRIVE | PENSACOLA FL 32534 |                                 |       |      |                |             |                                                                   |
|       |                  |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                        |                    |                                 |       |      |                |             |                                                                   |
|       |                  |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                        |                    |                                 |       |      |                |             |                                                                   |
|       |                  |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                        |                    |                                 |       |      |                |             |                                                                   |
|       |                  |                        |                    | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                        |                    |                                 |       |      |                |             |                                                                   |

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:

*Mike Cavaliere*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03 850-516-8076  
Date Daytime Phone #

Attachment

008840  
AV

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/18/2003-90023-027-\$150.00-\$150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT #</b> P02000075802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                        |                                                                   |
| <b>1. Entity Name</b><br>CAVALIERE CONSTRUCTION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                                         |                                                                   |
| <b>Principal Place of Business</b><br>512 TIMBER RIDGE DRIVE<br>PENSACOLA FL 32534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               | <b>Mailing Address</b><br>512 TIMBER RIDGE DRIVE<br>PENSACOLA FL 32534                                                                                                  |                                                                   |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | <b>3. Mailing Address</b>                                                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Suite, Apt. #, etc.                                                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | City & State                                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                       | Zip                                                                                                                                                                     | Country                                                           |
| <b>4. FEI Number</b><br>161625101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>                                                                           |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                                                   |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br>CAVALIERE, MIKE<br>512 TIMBER RIDGE DRIVE<br>PENSACOLA FL 32534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable): _____<br>City: _____ <b>FL</b> Zip Code: _____ |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                                                                         |                                                                   |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small> <b>DATE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DPV</b><br>CAVALIERE, MIKE<br>512 TIMBER RIDGE DRIVE<br>PENSACOLA FL 32534 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ST</b><br>CAVALIERE, CATHY<br>512 TIMBER RIDGE DRIVE<br>PENSACOLA FL 32534 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                                                               |                                                                                                                                                                         |                                                                   |
| <b>SIGNATURE:</b> <u>MIKE CAVALIERE</u> <b>REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | <u>6/1/01</u> <u>850-516-8576</u><br><small>Date Daytime Phone #</small>                                                                                                |                                                                   |