Apr 28, 2003 8:00 am Secretary of State

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

DOCUMENT #

P02000105698

CALCUTTA CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business Mailing Address 711 BUSINESS PARK BLVD. 711 BUSINESS PARK BLVD. **SUITE 108** SUITE 108 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address 749 5 woods CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired --- -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATTMER, PETE JR Street Address (P.O. Box Number is Not Acceptable) 711 BUSINESS PARK BLVD. -SUITE 108 WINTER GARDEN FL 34787 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE LATTMER, PETER JR 711 BUSINESS PARK BLVD. SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Winter Garden FL 34787 TITLE ☐ Delete TITLE Change ☐ Addition NAME CLINGER, JOHN A NAME STREET ADDRESS 711 BUSINESS PARK BLVD. SUITE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP +_-WINTER-GARDEN FL:34787----TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BUTLER, JOHN K NAME STREET ADDRESS 711 BUSINESS PARK BLVD. SUITE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINTER GARDEN FL 34787** TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS

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 ental 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachment with with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP