

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90116 013 \*\*\*150.00

**DOCUMENT # P30659**

1. Entity Name  
**CAL-J & COMPANY, LTD.**

Principal Place of Business

**39 HWY 99 E  
 DESTIN FL 32514  
 US**

Mailing Address

**P.O. BOX 629  
 PELAHATCHIE MS 39145  
 US**

00023938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**64-0790210**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYES STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name Betty Cope  
 Street Address (P.O. Box Number is Not Acceptable) 709 Trawbridge  
Pelahatchie Bch, Fl 32548  
 City Ft Walton Bch **FL** Zip Code 32548

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>LINDSAY, CHARLES A.</b>	
STREET ADDRESS	<b>208 S. BROOK STREET</b>	
CITY-ST-ZIP	<b>PELAHATCHIE MS</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>LINDSAY, JOYCE R.</b>	
STREET ADDRESS	<b>208 S. BROOK STREET</b>	
CITY-ST-ZIP	<b>PELAHATCHIE MS</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LINDSAY, CHERYL M.</b>	
STREET ADDRESS	<b>208 S. BROOK STREET</b>	
CITY-ST-ZIP	<b>PELAHATCHIE MS</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, KAY</b>	
STREET ADDRESS	<b>PO BOX 629</b>	
CITY-ST-ZIP	<b>PELAHATCHIE MS 39145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Yes Date 1-25-02 Daytime Phone # 601 854 8382

LV 1000000

CR2E034 (9/01)