

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066360

1. Entity Name

CALUSA CONSTRUCTION INCORPORATED OF CENTRAL FLOR

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90035 042 ***150.00

Principal Place of Business

Mailing Address

1860 MOHICAN TRAIL
MAITLAND FL 32751
US

P.O. BOX 941374
MAITLAND FL 32794
US

2. Principal Place of Business

3. Mailing Address

1860 Mohican Trail

PO Box 94137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland FL

Maitland FL

Zip

Country

Zip

Country

32751

USA

32794

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARA, WILLIAM D
1860 MOHICAN TRAIL
MAITLAND FL 32751

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.

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, 2001 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 PD
NAME BARBARA, WILLIAM D
STREET ADDRESS 1860 MOHICAN TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE SD
NAME SCHUSSLER, CHRISTINE
STREET ADDRESS 6702 HERITAGE LN
CITY-ST-ZIP BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

William D. Barbara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

740-5969

Daytime Phone #

0478841