

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-03-2001 90035 042 ***150.00

0478841

DOCUMENT # P93000066360

1. Entity Name

CALUSA CONSTRUCTION INCORPORATED OF CENTRAL FLOR

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

Maitland FL

City & State

Maitland FL

4. FEI Number

59-3208066

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: Change Addition
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 CITY-ST-ZIP: Change Addition

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 CITY-ST-ZIP: Change Addition

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

~~407~~ 407
 740-5969
 Daytime Phone #