

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90105 047 ***158.75

DOCUMENT # P95000024633

1. Entity Name

CALDWELL & ASSOCIATES INSURANCE & COUNSELING, IN

Principal Place of Business

**4240 N. HIGHWAY 17-92
 SANFORD FL 32773**

Mailing Address

**4240 N. HIGHWAY 17-92
 SANFORD FL 32773**

2. Principal Place of Business

- SAME -

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3318220

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALDWELL, JIM
 4240 N. HIGHWAY 17-92
 SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name **Robert J. Caldwell**

Street Address (P.O. Box Number is Not Acceptable)

4240 N. Hwy 17-92

City **SANFORD**

FL

Zip Code **32773**

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

Robert J. Caldwell

(NOTE: Registered Agent signature required when reinstating)

1-8-2001

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 ☐ Delete
 NAME **DPT CALDWELL, JIM**
 STREET ADDRESS **3 OCEANS WEST BLVD UNIT 7-D-7**
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☒ Delete
 NAME **DVP CALDWELL, JUDITH M**
 STREET ADDRESS **3 OCEANS WEST BLVD UNIT 7-D-7**
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☐ Delete
 NAME **S CALDWELL, ROBERT J**
 STREET ADDRESS **1314 WINDSOR AVENUE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ROBERT J. CALDWELL**
 STREET ADDRESS **1314 WINDSOR AVE**
 CITY-ST-ZIP **LONGWOOD, FL. 32750**

TITLE ☒ Change ☐ Addition
 NAME **J.P. CALDWELL**
 STREET ADDRESS **3 OCEANS WEST BLVD. UNIT 7-D-7**
 CITY-ST-ZIP **DAYTONA BEACH, FL. 32118**

TITLE ☐ Change ☐ Addition
 NAME **JOHN CALDWELL**
 STREET ADDRESS **1314 WINDSOR AVE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☒ Change ☐ Addition
 NAME **SECRETARY Julie D. Caldwell**
 STREET ADDRESS **1314 Windsor Ave**
 CITY-ST-ZIP **Longwood FL 32750**

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

TITLE ☐ Change ☐ 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: *Robert J. Caldwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

407-323-5407

Daytime Phone #

CR2E034 (10/00)