

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089771

1. Entity Name

CAVALLIX, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90007 019 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 11370
LEXINGTON KY 40575

P.O. BOX 11370
LEXINGTON KY 40575-1370
US

2. Principal Place of Business

3. Mailing Address

4 Heathcote Place

c/o William H. Newton, III

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Old Station Rd., Newmarket

444 Brickell Ave., #300

City & State

City & State

Suffolk, CB8 8GB U.K.

Miami, FL

Zip

Country

Zip

Country

33131

U.S.

4. FEI Number

65-0622823

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

BAUR, THOMAS ESQ.
21ST FLOOR, NEW WORLD TOWER
100 NORTH BISCAYNE BLVD.
MIAMI FL 33132

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, 2000 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 PTSD ☒ Delete
NAME SEAMAN, CECIL
STREET ADDRESS 1736 WOODLARK AVENUE
CITY-ST-ZIP LEXINGTON KY 40505

TITLE PTSD ☒ Change ☐ Addition
NAME Barbara FitzGerald
STREET ADDRESS 4 Heathcote Place, Old Station Rd.
CITY-ST-ZIP Newmarket, Suffolk CB8 8GB United Kingdom

TITLE C ☒ Delete
NAME SEAMAN, CECIL
STREET ADDRESS 1736 WOODLARK AVENUE
CITY-ST-ZIP LEXINGTON KY 40505

TITLE C ☒ Change ☐ Addition
NAME Barbara FitzGerald
STREET ADDRESS 4 Heathcote Place, Old Station Rd.
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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:

Barbara FitzGerald

X 28/2/00

X +44.1638.668988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-14-2000 90007 019 ***150.00