2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000043847

FILED Jan 22, 2001 8:00 am Secretary of State

CALHOON PROPERTIES, INC.					01-22-2001 90126 017 ***150.00			
Principal Place 10204 SILVERAL BRADENTON FL	= :	Mailing Address 10204 SILVERADO CIRCLE BRADENTON FL 34202 US	10204 SILVERADO CIRCLE BRADENTON FL 34202		80002013			
2. Principal F	Place of Business							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number	FEI Number 65-0677346		
Zip	Country	Zip	Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Ager			N.	7. Name and Address of New Registered Agent Name				
CALHOON, RONALD J _6323 FORRESTER DRIVE - BRADENTON FL 34202*				Street Address (P.O. Box Number is Not Acceptable) 10204 51LV52400 CIRCLE City BRADENTON FL. FL Zip Code 34202				
8. The above	named Titler Submitts his Statemen Royals J. Signature, typed or printed name of registered ag	LHOON - PRES	registered of		d agent, or both, i	n the State of Florida.		
Tax filing	oration is eligible to satisfy its Intangi requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		Trust I	on Campaign Financii Fund Contribution.		May Be
11.		ND DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALHOON, RONALD J 6323 FORRESTER DRIVE BRADENTON FL 94202 -	☐ Delete	TITLE NAME STREET ADD CITY-ST-2	DRESS /02	04 51LV	FRADO CIA FL.34202	♥ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TADDRESS 10204 51LVERADO CIRCLE ST-ZIP BRADENTON FL. 34202 TADDRESS 10204 SILVERADO CIRCLE ST-ZIP BRADENTON FL. 34202 Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · ⊡'Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CITY-ST-21	l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CHY-ST-2	l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied v	□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	IP			Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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 tastee 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 of the corporation of th

SIGNATURE:

PONOLO J. CALHOW - PRESIDENT

1/9/2001

Daytime Phone #