

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90653 046 ***550.00

DOCUMENT # P96000047224

1. Entity Name

CALDWELL MUSTIQUE CORPORATION

Principal Place of Business

Mailing Address

130 OLD HWY. 98. #4-409
DESTIN FL 32541

130 OLD HWY. 98. #4-409
DESTIN FL 32541-4960

2. Principal Place of Business

3. Mailing Address

10859 EMERALD COAST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4-409

City & State

City & State

DESTIN, FL

Zip

Country

Zip

Country

32541

4. FEI Number

58-3382694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
NAME **P**
STREET ADDRESS **CALDWELL, LYNN A**
CITY-ST-ZIP **OLD HWY. 98, #4-409**
DESTIN FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10859 EMERALD COAST PKWY #4-409**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CALDWELL, STEVENS T**
CITY-ST-ZIP **OLD HWY 98, #4-409**
DESTIN FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10859 EMERALD COAST PKWY #4-409**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

STEVENS T. CALDWELL

6/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 014 (5/98)