

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076346

1. Entity Name

CALYPSO, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90083 040 \*\*\*150.00

Principal Place of Business

236 S WICKHAM RD  
WEST MELBOURNE FL 32904  
US

Mailing Address

236 S WICKHAM RD  
WEST MELBOURNE FL 32901-5417  
US

2. Principal Place of Business

927 East New Haven Ave.

Suite, Apt. #, etc.  
Suite 201

City & State  
Melbourne, FL

Zip  
32901

Country  
USA

3. Mailing Address

927 East New Haven Ave.

Suite, Apt. #, etc.  
Suite 201

City & State  
Melbourne, FL

Zip  
32901

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3402956

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

RAUTENKRANZ, LAURENCE R  
236 S WICKHAM RD  
WEST MELBOURNE FL 32904

Name  
Douglas E. Rautenkranz, Sr.

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

City  
Indianalantic

FL

Zip Code  
32903

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 *Douglas E. Rautenkranz, Sr.*  
Douglas E. Rautenkranz, Sr., President

1/17/00

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 PD ☒ Delete  
NAME RAUTENKRANZ, LAURENCE R  
STREET ADDRESS 760 TURJ AVE, N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE PD ☒ Change ☐ Addition  
NAME Douglas E. Rautenkranz, Sr.  
STREET ADDRESS 7 Highland Drive  
CITY-ST-ZIP Indianalantic, FL 32903

TITLE VD ☐ Delete  
NAME RAUTENKRANZ, DOUGLAS E  
STREET ADDRESS 7 HIGHLAND DR  
CITY-ST-ZIP INDIANALANTIC FL 32903

TITLE D ☐ Change ☒ Addition  
NAME Alice M. Rautenkranz  
STREET ADDRESS 525-B High Point Dr.  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Douglas E. Rautenkranz, Sr.*  
Douglas E. Rautenkranz, Sr., President

1-17-00

321-951-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)