## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P97000003912 THE CALYX CORPORATION 01-30-2001 90191 042 \*\*\*150.00 Principal Place of Business Mailing Address 17316-LINDA VISTA CIFI-17316 LINDA VISTA CIR LUTZ FL 33549 LUTZ FL 33549 unn19428 2. Principal Place of Business 3. Mailing Address 405 Kensington Kensington Woods Dr 405 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3425516 F Not Applicable \$8.75 Additional 5. Certificate of Status Desired Shoyoug Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARMER, DEBORAH Number is Not Acceptable) 17318 LINDA VISTA CIR-**LUTZ FL 33549** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. trassurer **PSTD** Physident/ Change TITLE Delete TITLE Debornh K NAME FARMER, DEBORAH NAME 1405 Kensington Woods STREET ADDRESS 17316 LINDA VISTA CIR STREET ADDRESS 33549 CITY-ST-7IP LUTC TO CITY-ST-ZIP **LUTZ FL 33549** vice President / Scretary ☐ Delete Roger Paul Schatzel NAME NAME 1405 Kensington Woods DY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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: