

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90144 024 \*\*\*550.00

**DOCUMENT # P97000031737**

1. Entity Name

**CALONIUS COMMUNICATIONS, INC.**

Principal Place of Business

**901 E WASHINGTON ST  
ORLANDO FL 32801**

Mailing Address

**901 E WASHINGTON ST  
ORLANDO FL 32801**

2. Principal Place of Business

**200 WEST WELBOURNE AVE.**

3. Mailing Address

**200 W. WELBOURNE**

Suite, Apt. #, etc.

**8**

Suite, Apt. #, etc.

**8**

City & State

**WINTER PARK FL**

City & State

**WINTER PARK FL**

Zip

**32789**

Country

Zip

**32789**

Country

4. FEI Number

**59-3440759**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALONIUS, ERIK**

**901 E WASHINGTON ST**

**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**ERIK CALONIUS**

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

**200 W. WELBOURNE AVE**

**SUITE 8**

City

**WINTER PARK**

FL

Zip Code

**32789**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CALONIUS, ERIK**  
CITY-ST-ZIP **901 E WASHINGTON ST  
ORLANDO FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H0004801



DO NOT WRITE IN THIS SPACE

7/24/00

7/25/00