

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035020

1. Entity Name

CALLEJA CONSTRUCTION COMPANY INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90179 048 ***150.00

Principal Place of Business

489 ENCARNACION ST
PUNTA GORDA FL 33983
US

Mailing Address

489 ENCARNACION ST
PUNTA GORDA FL 33983
US

00010702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

489 Encarnacion ST.

Suite, Apt. #, etc.

3. Mailing Address

489 Encarnacion ST.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33983

Country

USA

City & State

Punta Gorda, FL

Zip

33983

Country

USA

4. FEI Number

NOT APPLICABLE

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

Name

Charles Calleja

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

489 Encarnacion Street

City

Punta Gorda

FL

Zip Code

33983

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

Charles Calleja

Charles Calleja, President

1-22-01

Signature, typed or printed name of registered agent and title 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	CALLEJA, SANDRAJEAN	
STREET ADDRESS	489 ENCARNACION ST	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Calleja	
STREET ADDRESS	489 Encarnacion Street	
CITY-ST-ZIP	Punta Gorda, FL 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Calleja*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-00 (941) 766-8001

Date

Daytime Phone #

CR2E034 (10/00)