FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 📿

Feb 13, 2001 8:00 am DOCUMENT # P97000044078 **Secretary of State** 1. Entity Name CALEB'S PLACE, INC. 02-13-2001 90592 038 ***150.00 Principal Place of Business Mailing Address 108 S OLD DIXIE HWY 108 \$ OLD DIXIE HWY LADY LAKE FL 32159 LADY LAKE FL 32159 **UNATABLE** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-345 1839 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINMETZ, LEO P Street Address (P.O. Box Number is Not Acceptable) 108 S OLD DIXIE HWY LADY LAKE FL 32159 City Zip Code FL 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) , 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Steinmetz, Leo 7. 108 5.010 Dixie Highway STEINMETZ, LEO P NAME NAME STREET ADDRESS 107 E. LADY LAKE BLVD. STREET ADDRESS Lady Lake, FC CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 **≮** Change TITLE ☐ Delete TITLE STEINMETZ, NANCY P NAME NAME 108 S. Old Dixie Hic STREET ADDRESS 107 E. LADY LAKE BLVD. STREET ADDRESS Lady Lake, FL CITY-ST-ZIP CITY-ST-ZIP LADY LAKE FL 32159 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MINTED NAME OF SIGNING OFFICER OR DIRECTOR