

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1/01

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90022 044 \*\*\*150.00

DOCUMENT # P97000061126

1. Entity Name  
**JOANN CALLEIA, INC.**

Principal Place of Business  
**1272 PALM AVENUE  
SARASOTA FL 34236**

Mailing Address  
**1272 PALM AVENUE  
SARASOTA FL 34236**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**446 S. Pineapple Ave.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Sarasota**  
Zip

Country

City & State  
**FL**  
Zip  
**34236**

Country  
**Sarasota**

4. FEI Number **65-0773173**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALLEIA, JOANN  
1272 PALM AVENUE  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **JO ANN CALLEIA INC.**  
Signature, typed or printed name of registered agent and FEI if applicable

(NOTE: Registered Agent signature required when reinstating)

**02/26/01**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALLEIA, JOANN 1272 PALM AVENUE SARASOTA FL 34236</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Calleia, JoAnn 446 S. Pineapple Avenue Sarasota, FL 34236</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JoAnn Calleia**  
Signature and typed or printed name of signing officer or director

**3/12/01** **941-954-0331**  
Date Daytime Phone #

CR2E034 (10/00)