

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106055

1. Entity Name  
CADUCEAN ADMINISTRATORS, INC.

FILED

02 JUL 11 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~9440 DOUBLOON DR.~~ ~~9440 DOUBLOON DR.~~  
VERO BEACH FL 32963 VERO BEACH FL 32963  
1767 Coral Way South

2. Principal Place of Business 3. Mailing Address  
1767 CORAL WAY S. 1767 CORAL WAY S.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 65-0806668 ☐ Approved For ☐ Not Applicable

Zip Country Zip Country 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  
PARVUS, DIRK F Name DIRK PARVUS  
~~9440 DOUBLOON DR.~~ 1767 CORAL WAY S. Street Address (P.O. Box Number is Not Acceptable)  
VERO BEACH FL 32963 1767 CORAL WAY SOUTH  
City VERO BEACH FL Zip Code 32963

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]* 7/4/02.  
(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. ☒ FILE NOW!!! FEE IS \$150.00  
(See criteria on back) 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARVUS, DIRK F <del>9440 DOUBLOON DR.</del> 1767 CORAL WAY S. VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1767 CORAL WAY SOUTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARVUS, BRENDA K <del>9440 DOUBLOON DR.</del> 1767 CORAL WAY S. VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1767 CORAL WAY SOUTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200006347722-6 -07/12/02--01017--025 ****917.50 ****917.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* 5/25/02 772-589-9122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #