

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 019 ***150.00

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DOCUMENT # P97000106055

1. Entity Name
CADUCEAN ADMINISTRATORS, INC.



Principal Place of Business
**1767 CORAL WAY SOUTH
VERO BEACH FL 32963**

Mailing Address
**1767 CORAL WAY SOUTH
VERO BEACH FL 32963**



2. Principal Place of Business
**13695 US HWY 1
250 ROYAL ST
SUITE, APT. #, ETC.**

3. Mailing Address
**P.O. Box 460398
SUITE, APT. #, ETC.**

City & State
SEBASTIAN FL

City & State
SAN FRANCISCO CA.

4. FEI Number
65-0806668

Applied For
☐ Not Applicable

Zip
**32958
94131**

Country
USA

Zip
94146-0398

Country

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

6. Name and Address of Current Registered Agent

**PARVUS, DIRK F
1767 CORAL WAY SOUTH
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **HAROLD COTHEMAN - ASBOS.**
Street Address (P.O. Box Number is Not Acceptable) **5040 N. A14 Suite 250**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/29/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARVUS, DIRK F	
STREET ADDRESS	1767 CORAL WAY SOUTH	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARVUS, BRENDA K	
STREET ADDRESS	1767 CORAL WAY SOUTH	
CITY-ST-ZIP	VERO BEACH FL 32963	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRK PARVUS.	
STREET ADDRESS	P.O. Box 460398	
CITY-ST-ZIP	SAN FRANCISCO CA. 94146-0398	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA PARVUS.	
STREET ADDRESS	ASBOS.	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)