

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90262 025 \*\*\*150.00

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**DOCUMENT # P97000108773**

1. Entity Name  
**CALVERT'S, INC.**



Principal Place of Business  
**11990 SR 24  
CEDAR KEY FL 32625**

Mailing Address  
**P.O. BOX 646  
CEDAR KEY FL 32625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3494597**

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

**CALVERT, NENA DAY  
11990 ST. RD.24  
CEDAR KEY FL 32625**

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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CALVERT, DOUGLAS G	
STREET ADDRESS	11990 SR 24	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	CALVERT, NENA D	
STREET ADDRESS	11990 SR 24	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, HEATHER C	
STREET ADDRESS	11990 SR 24	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	CAUSEY, KATHRYN F	
STREET ADDRESS	12421 SR 24	
CITY-ST-ZIP	CEDAR KEY FL 32625	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)