

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90016 014 ***150.00

DOCUMENT # P98000034649

1. Entity Name
CALIPSO INVESTMENTS, INC.



Principal Place of Business
**2050 EAST OAKLAND PARK BLVD SUITE 209
FT LAUDERDALE FL 33306**

Mailing Address
**P.O BOX 101494
FT.LAUDERDALE FL 33310**

2. Principal Place of Business
1620 WEST OAKLAND PARK BLVD

3. Mailing Address

Suite, Apt. #, etc.
403

Suite, Apt. #, etc.

City & State
OAKLAND PARK FL.

City & State

Zip
33311

Country
Broward

Zip

Country

Corrected FEIN

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0831065

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

**YOUNG, P. DOUG
2050 EAST OAKLAND PARK BLVD SUITE 209
FT LAUDERDALE FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

1620 W. OAKLAND PARK BLVD STE 403

City
OAKLAND PARK

FL

Zip Code
33311

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 **P. Doug Young**

2/17/03

(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 NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, JANETH 2050 EAST OAKLAND PARK BLVD SUITE 209 FT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, P. DOUG 2050 EAST OAKLAND PARK BLVD SUITE 209 FT LAUDERDALE FL 33306	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 WEST OAKLAND PARK BLVD SUITE 403 OAKLAND PARK, FL. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 W. OAKLAND PARK BLVD STE 403 OAKLAND PARK, FL 33310
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

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: **P. Doug Young**

2/17/03

954.735.0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0338775 AV

CR2E034 (10/02)