

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 033 ***150.00

A0067167

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000083 440 ✓ 1. Entity Name CALHOUN ENTERPRISE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
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2. Principal Place of Business 636 N. Rio Grande Avenue Suite, Apt. #, etc. Suite-B City & State Orlando, Florida Zip 32805 Country USA	3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same
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4. FEI Number 59-3534943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent	
Name DAWN CALHOUN	
Street Address (P.O. Box Number is Not Acceptable) 1976 GREYSTONE TRAIL	
City ORLANDO	Zip Code 32818

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, typed or printed name of registered agent and title if applicable. (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: <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE President	<input type="checkbox"/> Delete
NAME DAWN CALHOUN	
STREET ADDRESS 1976 Greystone Trail	
CITY-ST-ZIP Orlando, FL 32818	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Robert Calhoun	
STREET ADDRESS 1976 Greystone Trail	
CITY-ST-ZIP Orlando, FL 32818	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  Dawn Calhoun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/6/01 **407-835-8823**
Date Daytime Phone #

CR2E034 (11/00)