

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91744 028 ***150.00

DOCUMENT # P98000085110

1. Entity Name
CALEXID, INC TRUST ESTATE

DO NOT WRITE IN THIS SPACE

- 36628

2. Principal Place of Business

190 S. 3rd ST.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1909

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

IMMOKALEE FL

City & State

IMMOKALEE FL

4. FEI Number

65-0884733

Applied For

Not Applicable

Zip

34142

Country

COLLIER

Zip

34143

Country

COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Robert M Coleman, Jr. CPA**

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

1400 A 15th ST N.

City **Immokalee**

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTOS N. OSORNO PO BOX 1909 IMMOKALEE FL 34143
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SANTOS N OSORNO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-02
Date

941-657-5355
Daytime Phone #