

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 026 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000098520

1. Entity Name
CALDARELLA ENTERPRISES, INC.

Principal Place of Business
2474 ABALONE BLVD.
ORLANDO FL 32833

Mailing Address
2474 ABALONE BLVD.
ORLANDO FL 32833

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 59-3544475

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

CALDARELLA, CARL
2474 ABALONE BLVD.
ORLANDO FL 32833

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CALDARELLA, CARL**
CITY-ST-ZIP **2474 ABALONE BLVD.**
ORLANDO FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5 02 407 352 547

Date

Daytime Phone #

CR2E034 (4/02)

Caldarella Enterprises, Inc.
d/b/a Travel Network®

Attachment
79800098520
119773

Tel. (407) 354-5476
Fax (407) 354-3630



8101 S. John Young Parkway Orlando, FL 32819

July 5, 2002

Florida Dept of State
Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Waiver of late fee

To whom it may concern,

As per our phone conversation on 3 July, 2002, I am forwarding this letter to notify you that I had not previously received the UBR 2002 form. Therefore, as per your instructions, I am mailing the form with the check for \$150.00.

Thank you in advance for your kind and prompt attention to this matter.

Carl P. Caldarella
Carl P. Caldarella
Caldarella Enterprises Inc
D/B/A
Travel Network