

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90183 037 \*\*\*150.00

**DOCUMENT # P98000101895**

1. Entity Name  
**DOC.CALM. COMPANY**

Principal Place of Business <b>10850 S.W. 113 PLACE SUITE 105 MIAMI FL 33176</b>	Mailing Address <b>10850 S.W. 113 PLACE SUITE 105 MIAMI FL 33176</b>
---	---

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	<b>NOT APPLICABLE</b>	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMURRAY, LOUISE H  
10850 S.W. 113 PLACE  
SUITE 105  
MIAMI FL 33176**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

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 \$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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSTON, DAN		NAME		
STREET ADDRESS	10850 S.W. 113 PLACE #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, JAMES		NAME		
STREET ADDRESS	10850 S.W. 113 PLACE #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMURRAY, LOUISE		NAME		
STREET ADDRESS	10850 S.W. 113 PLACE #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: LOUISE H. MCMURRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (305) 381-8422  
Date Daytime Phone #

CR2E034 (10/00)