

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90005 024 ***150.00

DOCUMENT # P99000015091

1. Entity Name
CAECUS, INC.

Principal Place of Business
51 MAIN ST. STE. 2
DUNEDIN FL 34698
Mailing Address
51 MAIN ST. STE. 2
DUNEDIN FL 34698

2. Principal Place of Business
10750 ULMERTON RD
Suite, Apt. #, etc.
Room 107
City & State
LARGO, FL.
Country
PIN
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
33778
Country
PIN



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567838
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, THOMAS D
51 MAIN ST. STE. 2
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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.

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P SAUNDERS, THOMAS D, 51 MAIN ST. STE. 2, DUNEDIN FL 34698.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: Tom Saunders THOMAS D. SAUNDERS 01/03/01 727-736-0982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0423606

CR2E034 (10/00)