

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 041 ***150.00

DOCUMENT # **P 99000015091**

1. Entity Name

CAECUS, INC.

DO NOT WRITE IN THIS SPACE

80068560

2. Principal Place of Business

10750 ULMERTON RD

3. Mailing Address

51 MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

LARGO, FL.

City & State

DUNEDIN, FL

4. FEI Number

59 3567838

Applied For

Not Applicable

Zip

33778

Country

PINELLAS

Zip

34698

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TOM SAUNDERS

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

51 MAIN ST.

SUITE 2

City

DUNEDIN

FL

Zip Code

34698

**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

X Tom Saunders

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
**PRESIDENT
TOM SAUNDERS
51 MAIN ST. SUITE 2
DUNEDIN FL. 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

X Tom Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)