2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P99000052972

1. Entity Name

CALZIN, INCORPORATED

Principal Place of Business Mailing Address 2631 DICK WILSON DRIVE 2631 DICK WILSON DRIVE SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0945588 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLANCHARD, JEFFORY S** Street Address (P.O. Box Number is Not Acceptable) 2631 DICK WILSON DR 👵 SARASOTA FL 34240 City 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 game of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) DATE FILE-NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME BLANCHARD, JEFFOR S NAME STREET ADDRESS 2631 DICK WILSON DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME BLANCHARD, JACQUELINE S NAME STREET ADDRESS STREET ADDRESS 2631 DICK WILSON DR CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34240 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BLANCHARD, JEFFORY S JR STREET ADDRESS STREET ADDRESS 79 SHORE DRIVE STE 2 CITY-ST-ZIP CITY-ST-7IP WINTHROP MA 02152 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90168 034 ***150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Equeline Blanchard 4/2/03