

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

04 2003 FILED

DOCUMENT # P99000066688

1. Entity Name
H.K. CAVALIERE INCORPORATED



03 JUN 10 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100020826251
06/13/03--01030--005 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1236 KAPOK COVE CIRCLE</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>CLEARWATER, FL</i>		City & State <i>SAME</i>	
Zip <i>33759</i>	Country <i>USA</i>	Zip	Country

4. FEI Number <i>59-3591981</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *H.K. CAVALIERE*

Street Address (P.O. Box Number is Not Acceptable)
1236 KAPOK COVE CIRCLE

City *CLEARWATER* FL Zip Code *33759*

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]* DATE *5-24-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE <i>PRESIDENT</i>	NAME <i>HENRY K. CAVALIERE</i>	TITLE	
STREET ADDRESS <i>1236 KAPOK COVE CIRCLE</i>	STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP <i>CLEARWATER, FL 33759</i>	CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *5-24-03* 727-669-5527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment#

DEAR SIRS/MADAM, P99000066688

PLEASE ACCEPT THE \$300⁰⁰ CHECK FOR
LAST YEAR + THIS YEAR AND BRING ME
UP TO DATE. MY ADDRESS CHANGED WHEN
WE PURCHASED A HOME. PLEASE UPDATE
YOUR RECORDS WITH MY NEW ADDRESS FOR
ALL FUTURE CORRESPONDENCE.

THANKING YOU IN ADVANCE.



H. K. CAVALIERE INC
1236 KAPOK KOVE CIR
CLEARWATER, FL - 33759