

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082880

1. Entity Name

CAL INVESTMENTS OF NORTH FLORIDA, INC.

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90005 003 ***550.00

Principal Place of Business

Mailing Address

2012 WARMINSTER COURT
 JACKSONVILLE FL 32225

3012 WARMINSTER COURT
 JACKSONVILLE FL 32225-1742

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

SAME

SAME

Zip

Country

Zip

Country

SAME

USA

SAME

USA

4. FEI Number

59-3606052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, WILLIAM E ESQ.
 2002 SOUTHSIDE BOULEVARD
 SUITE 201
 JACKSONVILLE FL 32216

Name

SAME

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

SAME

City

SAME

FL

Zip Code

SAME

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS SINGLETARY, PATRICK M
 CITY-ST-ZIP 318 4TH STREET
 ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SINGLETARY, ROBERT
 CITY-ST-ZIP 3012 WARMINSTER COURT
 JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 I am empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/8/00

904-641-7167

CR2E034 (9/99)