

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90115 047 ***550.00

DOCUMENT # P99000082880

1. Entity Name

CAL INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business

**3012 WARMINSTER COURT
 JACKSONVILLE FL 32225**

Mailing Address

**3012 WARMINSTER COURT
 JACKSONVILLE FL 32225**

2. Principal Place of Business

**2002 Southside Blvd
 Suite, Apt. #, etc.
 100 B**

3. Mailing Address

**2002 Southside Blvd
 Suite, Apt. #, etc.
 100 B**

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

Dual

Zip

32216

Country

Dual

4. FEI Number

59-3606052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **WIP** ☒ Change ☐ Addition
 NAME **Singletary, Patrick M**
 STREET ADDRESS **2002 Southside Blvd # 100 B**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **Pres.** ☒ Change ☐ Addition
 NAME **Singletary, Robert**
 STREET ADDRESS **2002 Southside Blvd # 100 B**
 CITY-ST-ZIP **Jacksonville, FL 32216**

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

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

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

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 like empowered.

SIGNATURE:

SINGLETARY, ROBERT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-227-6288

CR2E034 (5/01)