

2000 UNIFORM BUSINESS REPORT, (UBR)

2/2

FILED
May 01, 2000 8:00 am
Secretary of State

02-02-2000 90028 028 ***150.00

DOCUMENT # P99000093617
 1. Entity Name
CALYPSO CAY, INC.

Principal Place of Business 359 CAROLINA AVE. WINTER PARK FL 32789	Mailing Address 359 CAROLINA AVE. WINTER PARK FL 32789-3173
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent PUGH, JAMES H JR 359 CAROLINA AVE. WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name: Grant T. Downing Street Address (P.O. Box Number is Not Acceptable): Godbold, Downing, Sheahan & Bill, PA 222 West Comstock Ave, S#101 City: Winter Park FL Zip: 32789
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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: *Grant T. Downing* **GRANT T. DOWNING** DATE: **3/2/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, JAMES H JR 359 CAROLINA AVE. WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **1/24/00** Daytime Phone #: **(407)644-9055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)