

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

DOCUMENT # **P99000094720**

1. Entity Name  
**CAELO INTERNATIONAL, INC.**



Principal Place of Business  
**9136 SE MERCURY STREET  
HOBE SOUND FL 33455**

Mailing Address  
**9136 SE MERCURY STREET  
HOBE SOUND FL 33455**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

4. FEI Number **65-0956887**

Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIBBIN, BARRY F  
9136 SE MERCURY ST  
HOBE SOUND FL 33455**

Name

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

City

**FL**      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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      **D**  
NAME      **GRIBBIN, BARRY F**  
STREET ADDRESS      **9136 SE MERCURY STREET**  
CITY-ST-ZIP      **HOBE SOUND FL 33455**

Delete

TITLE      **ALISON ELIZABETH GRIBBIN**  
NAME      **9136 SE. MERCURY ST**  
STREET ADDRESS      **HOBE Sound, FL 33455**

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

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.

SIGNATURE:

**SIGNATURE RECORDED (Barry Grubbin)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/03**

Date

**772 546-4735**

Daytime Phone #

C-17368  
AV

**FILED  
Apr 28, 2003 8:00 am  
Secretary of State**

04-28-2003 90498 012 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)