

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106382

1. Entity Name

C.W. KALFAS INVESTMENTS INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90014 045 ***150.00

Principal Place of Business Mailing Address
531 SCOTTY'S LANE 531 SCOTTY'S LANE
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303

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 ☒ 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

KALFAS, BILL
531 SCOTTY'S LANE
TALLAHASSEE FL 32303

Name MARK S. LEVINE
Street Address (P.O. Box Number is Not Acceptable)
LEVINE & STIVERS
245 E. Virginia St.
City Tallahassee FL Zip Code 32301

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  MARK S. LEVINE 2/10/00
(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 | P/D | <input type="checkbox"/> Delete |
| NAME | Bill Kalfas | |
| STREET ADDRESS | 531 Scottys Ln. | |
| CITY-ST-ZIP | Tallahassee, Fla 32303 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARK S. LEVINE | |
| STREET ADDRESS | 245 E. Virginia St. | |
| CITY-ST-ZIP | Tallahassee, Fla. 32301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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:  Mark S. LEVINE 2/10/00 222-6580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)