

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07351

1. Entity Name
CALDWELL ENTERPRISES, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90003 014 ***150.00

Principal Place of Business

217 CHEROKEE DR
ORMOND BEACH FL 32174

Mailing Address

217 CHEROKEE DR
ORMOND BEACH FL 32174

2. Principal Place of Business

6 Carter Terrace
Suite, Apt. #, etc.

3. Mailing Address

6 Carter Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

Zip
32118

Country
Volusia

City & State
Daytona Beach FL

Zip
32118

Country
Volusia

4. FEI Number 59-3111785

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

CALDWELL, GREGORY LEE
217 CHEROKEE DR
ORMOND BEACH FL 32174

Name

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

6 Carter Terrace

City
Daytona Beach

FL

Zip Code
32118

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, GREGORY LEE 217 CHEROKEE DR ORMOND BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, JERRY LEE 6 CARTER TER DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X3-2-2001

Date

Daytime Phone #

CR2E034 (10/00)