

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 255533

1. Entity Name

P J CALLAGHAN COMPANY, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90176 010 \*\*\*150.00

Principal Place of Business

10525-49TH ST.. NO.  
ROUTE 1  
CLEARWATER FL 34622

Mailing Address

10525-49TH ST.. NO.  
ROUTE 1  
CLEARWATER FL 33762-5008

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

59-0949196

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

BURKET, NED E.  
10653 49TH ST. N.  
CLEARWATER FL 33520

Name

SUSAN MILLER

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

4065 - 49th AVE S.

City

ST PETERSBURG

FL

Zip Code

33711

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]*

SUSAN MILLER

4/4/00

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, 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	<input checked="" type="checkbox"/> Delete
NAME	BURKET, NED E	
STREET ADDRESS	10525 49TH ST. NO. RTE 1	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURKET, JOHN C.	
STREET ADDRESS	10525 49TH ST. NO. RTE 1	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKET, PATRICIA	
STREET ADDRESS	10525 49TH ST. NO. RTE 1	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MILLER	
STREET ADDRESS	4065 - 49th AVE S	
CITY - ST - ZIP	ST PETERSBURG FL 33711	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY MILLER	
STREET ADDRESS	4065 - 49th AVE S.	
CITY - ST - ZIP	ST PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00

737  
572-2505

CR2E034 (9/99)