

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239018

1. Entity Name
HANSON & MCCALLISTER, INC.

Principal Place of Business
2010 S. RIDGEWOOD AVENUE
EDGEWATER FL 32141

Mailing Address
2010 S. RIDGEWOOD AVENUE
EDGEWATER FL 32141

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 59-0912542

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

MCCALLISTER, DAVID
1801 TATUM BLVD
NEW SMYRNA FL 32168

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.

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, 2002 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 PD
NAME MCCALLISTER, DAVID
STREET ADDRESS 1801 TATUM BLVD
CITY-ST-ZIP NEW SMYRNA FL 32168 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MCCALLISTER, CYNTHIA
STREET ADDRESS 2010 S RIDGE WOOD AVE
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCCALLISTER JR., DAVID
STREET ADDRESS 1576 LEWIS LANE
CITY-ST-ZIP NEW SMYRNA FL 32168 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MCCALLISTER, CAROL A.
STREET ADDRESS 2100 RIDGE CREST DR
CITY-ST-ZIP NASHVILLE TN 37216 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

David M. Callister

Jan 7-02

Date

384-428-2726

Daytime Phone #

0016344 AV

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90012 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)