

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90028 025 ***150.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME **S.D. McCallister Cynthia**
STREET ADDRESS **340 WIND HAVEN**
CITY-ST-ZIP **NEW SMYRNA, FL 32168**

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

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

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

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

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: **David McCallister** **DAVID McCallister** **1-3/03** **428-2724**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)