

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90023 013 ***150.00

DOCUMENT # 255533

1. Entity Name

P J CALLAGHAN COMPANY, INC.

Principal Place of Business

10525 49TH ST. NO.

ROUTE 1

CLEARWATER FL 34622

Mailing Address

10525 49TH ST. NO.

ROUTE 1

CLEARWATER FL 34622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33762

33762

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, SUSAN

4065 49TH AVE S

SAINT PETERSBURG FL 33711

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 **P** ☐ Delete
NAME **BURKET, JOHN C.**
STREET ADDRESS **10525 49TH ST. NO. RTE 1**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **TS** ☐ Delete
NAME **MILLER, SUSAN**
STREET ADDRESS **4065 44TH AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE **V** ☐ Delete
NAME **MILLER, ROY**
STREET ADDRESS **4065 40TH AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

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

TITLE **VP** ☐ Delete
NAME **DUNAIME, LAWRENCE**
STREET ADDRESS **2458 34TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **V** ☒ Change ☐ Addition
NAME **DUNAIME, Lawrence**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BOYETTE, CHARLES**
STREET ADDRESS **6665 12TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PATRICIA S. BURKET**
STREET ADDRESS **10653 - 49TH ST. N.**
CITY-ST-ZIP **CLEARWATER, FL 33762**

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 #

3/12/02

424 543-2505

CR2E034 (9/01)