

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90141 027 ***150.00

DOCUMENT # F99000000721
 1. Entity Name
ABERNATHY, BERNSTEIN & CALLAHAN, INC.

Principal Place of Business Mailing Address
6216 BELLERIVE AVE #1703 (631) DUPLEY **6216 BELLERIVE AVE #1703 (631) DUPLEY**
NAPLES FL 34119 **NAPLES FL 34119**
NAPLES 34105 *34105*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6631 DUPLEY DR Suite, Apt. #, etc. *SAME*
 Suite, Apt. #, etc.
 City & State *NAPLES FL* City & State
 Zip *34105* Country *USA* Zip *34* Country

4. FEI Number **23-1985921** 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
LOTES, KEVIN R
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108
 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]* (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CALLAHAN, EDWARD M 6216 BELLERIVE AVENUE #1703 NAPLES FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CALLAHAN, EDWARD M 6631 DUPLEY DR. NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **EDWARD M. CALLAHAN** 1/23/02 941 643 0058

CR2E034 (9/01)