

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49616

1. Entity Name

MICHAEL CALLAHAN, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90086 034 ***158.75

Principal Place of Business

2601 S MILITARY
SUITE 2
WEST PALM BEACH FL 33415
US

Mailing Address

2601 S MILITARY
SUITE 2
WEST PALM BEACH FL 33415-7509
US

2. Principal Place of Business

2127 10th Ave N.
Suite, Apt. #, etc.

3. Mailing Address

2127 10th Ave North
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth FL

4. FEI Number

59-2513283

Applied For

Not Applicable

Zip

33461

Country

Palm Beach

Zip

33461

Country

Palm Beach

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, MICHAEL
1117 NORTH K STREET
LAKE WORTH FL 33460

1115 North K St.

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

Michael W. Callahan (Same Agent)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
CALLAHAN, MICHAEL
1117 NORTH K STREET
LAKE WORTH FL 33460
1115

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Michael Callahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00
561-585-6363

CR2E034 (9/99)