

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90272 007 \*\*\*150.00

**DOCUMENT # J09823**

**1. Entity Name**  
**CALLAHAN'S GREENER PASTURES, INC.**

**Principal Place of Business**

500 COX RD  
 COCOA FL 32926  
 US

**Mailing Address**

% BRYAN CALLAHAN  
 1015 BLUE GRASS LANE  
 ROCKLEDGE FL 32955

**2. Principal Place of Business**

1835- Hidden Lake Dr  
 Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

ROCKLEDGE FL

**City & State**

Zip Country

32955 BREVARD

**4. FEI Number**

59-2667668

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CALLAHAN, BRYAN  
 1015 BLUE GRASS LANE  
 ROCKLEDGE FL 32955

**7. Name and Address of New Registered Agent**

**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**

<b>TITLE</b>	<b>PDC</b>	<input type="checkbox"/> Delete
<b>NAME</b>	CALLAHAN, BRYAN	
<b>STREET ADDRESS</b>	1015 BLUE GRASS LANE	
<b>CITY-ST-ZIP</b>	ROCKLEDGE FL	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	CALLAHAN, MARLA	
<b>STREET ADDRESS</b>	1015 BLUEGRASS LANE	
<b>CITY-ST-ZIP</b>	ROCKLEDGE FL	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #

BRYAN CALLAHAN

4-11-02

321-636-0009

CP2E034 (9/01)