

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90019 044 ***158.75

DOCUMENT # P00000107376

1. Entity Name
CALLAHAN AND CALLAHAN AGENCY INC.

Principal Place of Business

2127 10TH AVE. NORTH
LAKE WORTH FL 33461

Mailing Address

2127 10TH AVE. NORTH
LAKE WORTH FL 33461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lake Worth
 Suite, Apt. #, etc.
2127 10th Ave N.
 City & State
Lake Worth, FL
 Zip
33461 Country
Palm Beach

3. Mailing Address

2127 10th Ave N.
 Suite, Apt. #, etc.
 City & State
Lake Worth, FL
 Zip
33461 Country
Palm Beach

4. FEI Number

65-1049968

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, TAMMY C
2127 10TH AVE. NORTH
LAKE WORTH FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALLAHAN, TAMMY C	
STREET ADDRESS	2127 10TH AVE. NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, BRYAN	
STREET ADDRESS	1115 NO. A ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd Young	
STREET ADDRESS	2600 6th Ave. So.	
CITY-ST-ZIP	Lake Worth, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Tammy Callahan
Tammy Callahan 561-585-6363
 Date **4/17/02** Daytime Phone #

CR2E034 (9/01)