2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90055 033 ***150.00

DOCUMENT # P01000040783

1. Entity Name
CALHOUN PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~1350 S. WOOD AVE., #21B~~	~~1350 S. WOOD AVE., #21B~~
~~LINDEN NJ 07036~~	~~LINDEN NJ 07036~~
221 LOOKOUT DRIVE	
APOLLO BEACH, FL 33572	APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5840 A1A SOUTH	5840 A1A SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State: ST. AUGUSTINE, FL
Zip: 32080 Country: US	Zip: 32080 Country: US

4. FEI Number 58-2620125 ☐ 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
GEIGER, JOHN R PA	Name: THOMAS W. CALLAHAN
4475 US HWY. 1 SOUTH, #406	Street Address (P.O. Box Number is Not Acceptable): 5840 A1A SOUTH
ST. AUGUSTINE FL 32086	City: ST. AUGUSTINE FL Zip Code: 32080

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: Thomas Callahan   4/23/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P, V, T NAME: THOMAS W. CALLAHAN STREET ADDRESS: 5840 A1A SOUTH CITY-ST-ZIP: ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S NAME: ALISON OBRIEN STREET ADDRESS: 2 WHITE BIRCH WAY CITY-ST-ZIP: NORTH ATTLEBORO, MA 02760	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Thomas Callahan   4/23/02   813-641-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #