

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90055 032 ***150.00

DOCUMENT # P01000040788

1. Entity Name
CALLAHAN PROPERTIES, INC.

Principal Place of Business

1350 S. WOOD AVE., #21B

LINDEN NJ 07036

221 LOOKOUT DRIVE

APOLLO BEACH, FL 33572

Mailing Address

1350 S. WOOD AVE., #21B

LINDEN NJ 07036

2. Principal Place of Business

5840 A1A SOUTH

Suite, Apt. #, etc.

3. Mailing Address

5840 A1A SOUTH

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

US

Zip

32080

Country

US

4. FEI Number

58-2620120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEIGER, JOHN R ESQ

4475 US 1 SOUTH, #406

ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

THOMAS W. CALLAHAN

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

5840 A1A SOUTH

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 W Callahan* DATE *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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P, V, T
STREET ADDRESS	THOMAS W. CALLAHAN
CITY-ST-ZIP	5840 A1A SOUTH
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	ALISON OBRIEN
CITY-ST-ZIP	2 WHITE BIRCH WAY
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: *Thomas W Callahan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 *813-641-0000*
 Date Daytime Phone #

CR2E034 (9/01)