

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 022 ***150.00

DOCUMENT # **P01000040788**

1. Entity Name
CALLAHAN PROPERTIES, INC.
CALLAHAN PROPERTIES



Principal Place of Business
**221 LOOKOUT DR
APOLLO BEACH FL**

Mailing Address
**5840 A1A SOUTH
ST. AUGUSTINE FL 32080**

2. Principal Place of Business
1028 APOLLO BEACH BLVD
Suite, Apt. #, etc.
#312

3. Mailing Address
1028 APOLLO BEACH BLVD
Suite, Apt. #, etc.
312

City & State
APOLLO BEACH

City & State
APOLLO BEACH

Zip
33572

Country
FLORIDA

Zip
33572

Country
FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2620132

Applied For
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CALLAHAN, THOMAS W
5840 A1A SOUTH
ST. AUGUSTINE FL 32080**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *TH Callahan* *TH Callahan*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CALLAHAN, THOMAS W 5840 A1A SOUTH ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OBRIEN, ALISON 2 WHITE BIRCH WAY NORTH ATTLEBORO MA 02760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TH Callahan* *TH Callahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *1/11/03* Daytime Phone # *813-641-0078*

CR2E034 (10/02)

90007529

From-Thomas Callahan

Attachment
PO1000040783

Dear Sir.

I never received the paper work for
Callahan Properties

I hope it is OK to send copies of Calhoun
& Chang #

Thank you
Tom Callahan