

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000091542

1. Entity Name

CALLISON & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

445-26 SR 13 N

3. Mailing Address

445-26 SR 13 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-3744686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Wesley D. Callison

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

445-26 SR 13 N

City

JACKSONVILLE

FL

Zip Code

32259

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

11/5/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Wesley D. Callison 445-26 SR 13 N JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

FILED

02 NOV 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009021596
11/15/02--01047--020 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

TAX ADVANTAGE

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

**JAMES K. REESE, EA
FREDERICK J. REESE**

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

November 12, 2002

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302

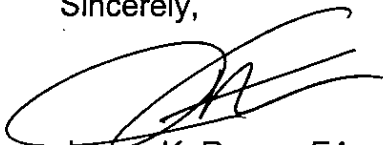
Re: Callison & Associates, Inc. – 2002 Uniform Business Report
Doc. #: P01000091542

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the above referenced period. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning the 2002 Report. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$150.00
2002 Uniform Business Report