

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90280 024 ***150.00

DOCUMENT # P02000024290

1. Entity Name
SEAN P. CALLAHAN, INC.



Principal Place of Business
9524 S.W. 1ST PLACE
CORAL SPRINGS FL 33071

Mailing Address
9524 S.W. 1ST PLACE
CORAL SPRINGS FL 33071



2. Principal Place of Business
100 N.W. 98 Lane
Suite, Apt. #, etc.

3. Mailing Address
100 NW 98 Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL
Zip **33071** **Country** **USA**

City & State
Coral Springs FL
Zip **33071** **Country** **USA**

4. FEI Number
010629445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAHAN, SEAN
9524 S.W. 1ST PLACE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **Sean Callahan**
Street Address (P.O. Box Number is Not Acceptable)
100 NW 98 Lane
City **Coral Springs** **FL** **Zip Code** **33071**

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 *Sean 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CALLAHAN, SEAN**
STREET ADDRESS **9524 S.W. 1ST PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **100 NW 98 Lane**
CITY-ST-ZIP **Coral Springs FL 33071**

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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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 an officer like empowered.

SIGNATURE: *Sean Callahan* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)