

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 048 ***150.00

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DOCUMENT # P02000024451

1. Entity Name
CALLYSTA, INC.



Principal Place of Business
**14083 HARBOR LN.
PALM BEACH GARDENS FL 33410**

Mailing Address
**14083 HARBOR LN.
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business
14151 US Hwy One
Suite, Apt. #, etc.

3. Mailing Address
14151 US Hwy One
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
JUNO Beach, FL
Zip
33408
Country
USA

City & State
JUNO Beach, FL
Zip
33408
Country
USA

4. FEI Number
02-0556634
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PARSONS, CAROL J
14083 HARBOR LN.
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
CAROL Parsons
Street Address (P.O. Box Number is Not Acceptable)
14151 U.S. Hwy One
City
JUNO Beach, FL **FL** Zip Code
33408

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 DATE **4-1-03**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PARSONS, CAROL J 14083 HARBOR LN. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ESTES, CATHERINE A 14083 HARBOR LN. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PARSONS, CAROL J 14151 U.S. Hwy One JUNO Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ESTES, CATHERINE A 14151 US Hwy. One JUNO Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-1-03** Daytime Phone #

CR2E034 (10/02)