

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 031 ***150.00

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DOCUMENT # P02000028193

1. Entity Name
CALLA CONSULTING, INC



Principal Place of Business
**716 MEYER DRIVE
NAPLES FL 34120**

Mailing Address
**716 MEYER DRIVE
NAPLES FL 34120**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
490 Everglades Blvd N

City & State
Naples FL

Zip
34120

Country
USA

Suite, Apt. #, etc.
490 Everglades Blvd N

City & State
Naples, FL

Zip
34120

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEL Number
03-0404132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, DIAN M
1842 40TH TERR SW
NAPLES FL 34116**

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

Nonnie M Ivey

(NOTE: Registered Agent signature required when reinstating)

4-15-03

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
**P
IVEY, NONNIE M
716 MEYER DRIVE
NAPLES FL 34120**

☐ Delete

TITLE
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CITY-ST-ZIP
**P
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490 Everglades Blvd N
Naples, FL 34120**

☒ Change ☐ Addition

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☐ Change ☐ 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:

Nonnie M Ivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

239-353-1106

Daytime Phone #

CR2E034 (10/02)