# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 03, 2005 8:00 am**
**Secretary of State**
06-03-2005 90002 008 ***150.00

DOCUMENT # P04000120198

1. Entity Name
CALLIHAN & ASSOCIATES, INC

**DO NOT WRITE IN THIS SPACE**

50053293
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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 527 NE 16TH ST | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ft. Laud. FL | City & State |
| Zip: 33304 Country: USA | Zip Country |

4. FEI Number: 201509949 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Amy CALLIHAN

Street Address (P.O. Box Number is Not Acceptable): 527 NE 16th st

City: Ft. Laud FL Zip Code: 33304

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: Amy J. Callihan 05/01/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**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 | President<br>Amy J Callihan<br>527 NE 16th St. Ft. Laud FL 33301 |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Amy J Callihan Amy J CALLIHAN 05/9/05 (954) 234-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #