

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35589

1. Entity Name

MCCALL & ASSOCIATES, INC., ARCHITECTS

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 018 ***158.75

Principal Place of Business

401 EAST CHASE ST
SUITE 200
PENSACOLA FL 32501
US

Mailing Address

401 EAST CHASE ST
SUITE 200
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-0464219

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCALL, LACY R., JR.
85 LAKE DRIVE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 CP
NAME MCCALL, LACY R., JR.
STREET ADDRESS 85 LAKE DR
CITY-ST-ZIP SANTA ROSA BEACH FL 32549 ☐ Delete

TITLE VST
NAME WOODARD, KAY
STREET ADDRESS 710 A SOUTH 72ND AVENUE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary/Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Vice-President
NAME Simpson, Joseph R., Jr.
STREET ADDRESS 1508 Lee Street
CITY-ST-ZIP Pensacola, FL 32503 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 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

04/25/01

Date

(850) 469-8090

Daytime Phone #

CR2E034 (10/00)