

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90126 032 \*\*\*150.00

**DOCUMENT # P35589**

1. Entity Name  
**MCCALL & ASSOCIATES, INC., ARCHITECTS**



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**



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**MCCALL, LACY R., JR.**

~~85 LAKE DRIVE~~

~~SANTA ROSA BEACH FL 32459~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**577 E. ROMANA ST.**

City

**PENSACOLA**

FL

Zip Code  
**32501**

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

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

**LACY R. MCCALL, JR., PRESIDENT.**

**03/20/03**

DATE

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CP  
MCCALL, LACY R., JR.  
85 LAKE DR  
SANTA ROSA BEACH FL 32549** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**577 E. ROMANA ST.  
PENSACOLA, FL 32501** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**3080 WHISTLER DR.  
PENSACOLA, FL 32503** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
SIMPSON, JOSEPH R JR  
1508 LEE STREET  
PENSACOLA FL 32503** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**LACY R. MCCALL, JR. 03/20/03 (850)469-8090**  
**PRESIDENT**

Date

Daytime Phone #

CR2E034 (10/02)