

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90099 035 ***150.00

DOCUMENT # P96000006777

1. Entity Name
CALLAHAN'S CONSTRUCTION CLEAN-UP, INC.



Principal Place of Business
**1724 SW SANTA BARBARA PL
CAPE CORAL FL 33991**

Mailing Address
**PO BOX 152391
CAPE CORAL FL 33915**

2. Principal Place of Business
1421 S.W. 2ND AVENUE

3. Mailing Address
1421 S.W. 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33991

Country
USA

Zip
33991

Country
USA

4. FEI Number **65-0679616**

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

**CALLHAN, JEFFREY L
1724 SW SANTA BARBARA PL
CAPE CORAL FL 33991**

Name
JEFFREY L. CALLAHAN
Street Address (P.O. Box Number is Not Acceptable)
1421 S.W. 2ND AVENUE

City
CAPE CORAL **FL** Zip Code
33991

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

JEFFREY L. CALLAHAN, PRES.

01/24/03

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
**DPST
CALLAHAN, JEFFREY L
1724 SW SANTA BARBARA PL
CAPE CORAL FL 33991** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
JEFFREY L. CALLAHAN
1421 S.W. 2ND AVENUE
CAPE CORAL, FL 33991** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALLAHAN, TAMMY
446 S.W. 19TH STREET
CAPE CORAL FL 33991** ☒ Delete

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

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CITY-ST-ZIP
☐ 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]* **SIGNATURE REQUIRED JEFFREY L. CALLAHAN, PRES. 01/24/03 (239) 458-4733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)