

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009994

1. Entity Name  
MERLIN CAL CALLAHAN ASSOCIATES, INC.

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90017 021 \*\*\*150.00

6223900  
AV

Principal Place of Business		Mailing Address	
643 SEAVIEW DR DESTIN FL 32541 US		POST OFFICE BOX 1202 DESTIN FL 32540 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERLIN, CALLAHAN D 643 SEAVIEW DR DESTIN FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Merlin Cal Callahan</i>		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. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: CALLAHAN, MERLIN DUANE STREET ADDRESS: 643 SEAVIEW DR CITY-ST-ZIP: DESTIN FL 32541		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VSD NAME: CALLAHAN, LINDA K STREET ADDRESS: 643 SEAVIEW DR CITY-ST-ZIP: DESTIN FL 32541		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: CALLAHAN, CARY WILLIAM STREET ADDRESS: 270 MEADOWOOD DR CITY-ST-ZIP: ROSWELL GA 30075		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: CALLAHAN, BRENT DUANE STREET ADDRESS: 2329 TRENTON DR CITY-ST-ZIP: CANTON GA 30115		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: CALLAHAN, NELSON RAYMOND STREET ADDRESS: 270 MEADOWOOD DR CITY-ST-ZIP: ROSWELL GA 30075		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: CALLAHAN, CAL BARNETT STREET ADDRESS: 974 NELSON ST CITY-ST-ZIP: JACKSON GA 30233		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Merlin Cal Callahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)