

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

Principal Place of Business

643 SEAVIEW DR
DESTIN FL 32541
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3425623

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

MERLIN, CALLAHAN D
643 SEAVIEW DR
DESTIN FL 32541

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, 2002 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

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 ☐ Delete

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

TITLE: VSD
NAME: CALLAHAN, LINDA K
STREET ADDRESS: 643 SEAVIEW DR
CITY-ST-ZIP: DESTIN FL 32541 ☐ Delete

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

TITLE: VD
NAME: CALLAHAN, CARY WILLIAM
STREET ADDRESS: 270 MEADOWOOD DR
CITY-ST-ZIP: ROSWELL GA 30075 ☐ Delete

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

TITLE: VD
NAME: CALLAHAN, BRENT DUANE
STREET ADDRESS: 2329 TRENTON DR
CITY-ST-ZIP: CANTON GA 30115 ☐ Delete

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

TITLE: VD
NAME: CALLAHAN, NELSON RAYMOND
STREET ADDRESS: 270 MEADOWOOD DR
CITY-ST-ZIP: ROSWELL GA 30075 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: 643 Sea View Dr
STREET ADDRESS: Destin FL 32541
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VD
NAME: CALLAHAN, CAL BARNETT
STREET ADDRESS: 974 NELSON ST
CITY-ST-ZIP: JACKSON GA 30223 ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: 1134 Patton Way
STREET ADDRESS: McDonough, GA 30252
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 REQUIRED

Date

Daytime Phone #

0066229 AV

CR2E034 (9/01)