

DOCUMENT # P97000053725

1. Entity Name
WILLIAM CALLAHAN MARKETING RESEARCH, INC.

Principal Place of Business Mailing Address
10958 GREENTRAIL DR. SOUTH 10958 GREENTRAIL DR. SOUTH
BOYNTON BEACH FL 33436-4924 BOYNTON BEACH FL 33436-4924

2. Principal Place of Business 3. Mailing Address
2000 So. OCEAN BOULEVARD 2000 So. OCEAN BOULEVARD
Suite, Apt. #, etc. Suite, Apt. #, etc.
706 # 706

City & State City & State
DELRAY BEACH, FL DELRAY BEACH, FL
Zip Country Zip Country
33483-6483 U.S.A. 33483-6483 U.S.A.

4. FEI Number 65-0765900 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
CALLAHAN, WILLIAM J
10958 GREENTRAIL DR. SOUTH SEE ABOVE OR
BOYNTON BEACH FL 33436-4924 BELOW

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. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, WILLIAM J		NAME	(SAME)	
STREET ADDRESS	10958 GREENTRAIL DR. SOUTH		STREET ADDRESS	2000 So. OCEAN BOULEVARD, # 706	
CITY-ST-ZIP	BOYNTON BEACH FL 33436-4924		CITY-ST-ZIP	DELRAY BEACH, FL 33483-6483	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: William Callahan WILLIAM J. CALLAHAN 1/5/01 561-330-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90064 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)