

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90769 016 ***150.00

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DOCUMENT # P98000063194

1. Entity Name
MCCALLISTER CONSULTANTS, INC.



Principal Place of Business
**315 CATHEDRAL OAKS DR
VERO BEACH FL 32963**

Mailing Address
**315 CATHEDRAL OAKS DR
VERO BEACH FL 32963**

2. Principal Place of Business
605 E. Robinson Street

3. Mailing Address
605 E. Robinson ST.

Suite, Apt. #, etc.
Suite 635

Suite, Apt. #, etc.
Suite 635

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32801 USA

Zip Country
32801 USA

4. FEI Number
59-3522218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCALLISTER, WILLIAM
315 CATHEDRAL OAKS DR.
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **William McCallister**
Street Address (P.O. Box Number is Not Acceptable)
605 E. Robinson Street
Suite 635
City **Orlando** FL **32801**

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

WILLIAM MCCALLISTER
(NOTE: Registered Agent signature required when reinstating)

4/9/03
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

TITLE **D** ☐ Delete
NAME **MCCALLISTER, WILLIAM**
STREET ADDRESS **315 CATHEDRAL OAKS DR.**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **William McCallister**
STREET ADDRESS **605 E. Robinson Street Suite 635**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **V** ☐ Change ☒ Addition
NAME **Ron Ruegsegger**
STREET ADDRESS **12100 Five Forks Road**
CITY-ST-ZIP **Windsor, VA 223487**

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

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

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

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

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: *William McCallister*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MCCALLISTER 4/9/03 (407) 649-8893
Date Daytime Phone #

CR2E034 (10/02)