

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900059320

1. Entity Name

Alphonso L. McCall Enterprises, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

6757 Miss Muffet Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 991

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

USA

City & State

San Mateo, FL

Zip

32187

Country

USA

4. FEI Number

59-3616008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McCall, Alphonso L.
6757 Miss Muffet Lane
Jacksonville, FL 32210

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. (See criteria on back)

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FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Alphonso L. McCall
STREET ADDRESS: 6757 Miss Muffet Lane
CITY-ST-ZIP: Jacksonville, FL 32210

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TITLE:
NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
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CITY-ST-ZIP:

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STREET ADDRESS:
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-01

(904) 945-0773

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90010 008 ***150.00

A0087080

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment
A0087080
1

September 19, 2001

Uniform Business Report
PO Box 1500
Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report - P99000059320 - Alphonso L. McCall Enterprises,
Inc.

TO WHOM IT MAY CONCERN:

Per my telephone conversation with your office on September 18, 2001, I am writing this letter because I did not receive any 2001 Uniform Business Report Forms.

I was not aware that this report had to be done once a year; therefore I am asking that you waiver the penalty fee. Enclosed is my complete report along with a check for \$150.00.

Thank you for your cooperation in this matter.

Sincerely,



Alphonso L. McCall
President