

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000089712**

1. Entity Name

CALLAHAN & SONS, INC.*f***FILED****Jul 17, 2000 8:00 am
Secretary of State**

07-17-2000 90006 033 ***150.00

Principal Place of Business

**10228 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410**

Mailing Address

**10228 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410**

UUU10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALLAHAN, ROBERT M
10228 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D CALLAHAN, ROBERT M**
STREET ADDRESS **10228 ALLAMANDA BLVD.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert M. Callahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00

Attachment
B# P9900089712
DO070340

July 10, 2000

Dear Sir, Madam

On July 7th I received my
2000 Uniform Business Report.

This is the first time I
have received such a report.
I am unaware of when it
should have been filed.

I am enclosing a check for
\$150.00.

I hope you will accept this
payment. As I would have
filed on time had I received
the form.

My phone number is 561 6940254
should you have any questions.

I greatly appreciate your positive
response to this matter.

Sincerely
Robert Callahan