

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49309

1. Entity Name

MCCALLUM ENTERPRISES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90133 002 ***150.00

Principal Place of Business

6191 22ND AVENUE S.W.
NAPLES FL 34116
US

Mailing Address

6191 22ND AVENUE S.W.
NAPLES FL 34116-5433
US

2. Principal Place of Business

3138 TANGLEWYDE AVE
Suite, Apt. #, etc.

3. Mailing Address

3138 TANGLEWYDE AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33852

Country

USA

Zip

33852

Country

USA

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

MCCALLUM, JOHN

~~6191 22ND AVE SW~~

~~NAPLES FL 33900~~

3138 TANGLEWYDE AVE
LAKE PLACID FL
33852

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MCCALLUM, JOHN MARK
CITY-ST-ZIP ~~6191 22ND AVENUE S.W.~~ 3138 TANGLEWYDE AVE
NAPLES FL LAKE PLACID FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCALLUM, SARA MARIE
CITY-ST-ZIP ~~6191 22ND AVENUE S.W.~~ 3138 TANGLEWYDE AVE
NAPLES FL LAKE PLACID, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

863 465 6273

Daytime Phone #

CR2E034 (9/99)