

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90129 001 \*\*\*150.00  
02-28-2001 90032 023 \*\*\*\*\*8.75

**DOCUMENT # 191849**

1. Entity Name

**GALLOWAY'S INC.**

Principal Place of Business

3347 HENDERSON BLVD  
P O BOX 10676  
TAMPA FL 33679  
US

Mailing Address

3347 HENDERSON BLVD  
P O BOX 10676

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**GALLOWAY, RALPH M**  
**1606 S CULBREATH ISLES DR**  
**TAMPA FL 33629**

8. The above named entity submits this statement

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	CM	GALLOWAY, RALPH	1606 SO. CULBREATH ISLES TAMPA FL 33629	<input type="checkbox"/>
	P	GALLOWAY, JOHN R.	1911 WYKAGYL ST. TAMPA FL 33629	<input type="checkbox"/>
	EVP	PETRIDES, LAURA	4928 BAY WAY DRIVE TAMPA FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

*Check # 4161  
for \$150.00  
was sent out  
1/24/01*



DO NOT WRITE IN THIS SPACE

Number

**59-0767073**

Applied For

Not Applicable

Statement of Status Desired

☐

**\$8.75 Additional**  
**Fee Required**

Name and Address of New Registered Agent

Number is Not Acceptable

**FL**

Zip Code

or both, in the State of Florida.

CR2E034 (10/00)