

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 006 ***150.00

DOCUMENT # L88338

1. Entity Name

GALINA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1403 DUNN AVENUE, #6

Suite, Apt. #, etc.

3. Mailing Address

11834 COASTAL LANE WEST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3021161

Applied For

Not Applicable

Zip

32218

Country

DUVAL

Zip

32258-5336

Country

DUVAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BORIS L. ETLIN

Street Address (P.O. Box Number is Not Acceptable)

11834 COASTAL LANE WEST

**DO NOT WRITE
IN THIS SPACE**

City

JACKSONVILLE,

FL

Zip Code

32258-5336

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P
BORIS L. ETLIN
11834 COASTAL LANE WEST
JACKSONVILLE, FL 32258-5336

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
GALINA ETLIN
11834 COASTAL LANE WEST
JACKSONVILLE, FL 32258-5336

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

Boris L. Etlin
BORIS L. ETLIN

BORIS L. ETLIN

x 3.6.02

904-751-0186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)