

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90013 006 \*\*\*550.00

**DOCUMENT # P95000066106**

1. Entity Name

**P.J. GALLAGHER & ASSOCIATES, INC.** ✓

Principal Place of Business

~~3400 NORTH OCEAN DR  
 #703  
 SINGER ISLAND FL 33404  
 US~~

Mailing Address

~~3400 NORTH OCEAN DRIVE  
 #703  
 SINGER ISLAND FL 33404  
 US~~

2. Principal Place of Business

3. Mailing Address

**PMB 400 6538 COLLINS AVE**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

Zip

**33141**

Country

**USA**

4. FEI Number

**65-0608893**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GALLAGHER, P.J.  
 3400 NORTH OCEAN DR  
 APT #703  
 SINGER ISLAND FL 33404**

**PMB 400 6538 COLLINS AVE  
 MIAMI, BEACH, FL 33141**

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

*P.J. Gallagher*

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

TITLE **D**  Delete  
 NAME **GALLAGHER, P.J.**  
 STREET ADDRESS **3400 NORTH OCEAN DRIVE, #703**  
 CITY-ST-ZIP **SINGER ISLAND FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **GALLAGHER, P.J.**  
 STREET ADDRESS **PMB 400 6538 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*P.J. Gallagher*  
**P.J. GALLAGHER, P.J.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/00** **561-628-5534**  
 Date Daytime Phone #

CR2E034 (5/00)