

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055949

1. Entity Name

DUKE, MULLIN & GALLOWAY, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90119 009 ***150.00

Principal Place of Business 1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE FL 33301 US	Mailing Address 1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE FL 33301-2407 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0674565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J
 1700 E. LAS OLAS BLVD
 PH #1
 FORT LAUDERDALE FL 33301

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	GALLOWAY, AMY J	
STREET ADDRESS	1700 E LAS OLAS BLVD PH 1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULLIN, JOHN M	
STREET ADDRESS	1700 E LAS OLAS BLVD PH1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUKE, DAVIS W JR.	
STREET ADDRESS	1700 E LAS OLAS BLVD PH 1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: AMY J. GALLOWAY PRES. 4-18-00 761-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)