

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90201 019 ***150.00

041624 AV

DOCUMENT # P98000049938



1. Entity Name
GALBRAITH C.I. INC.

Principal Place of Business
**3429-C SAN BERNADINO DR
DELRAY BEACH FL 33445**

Mailing Address
**3429-C SAN BERNADINO DR
DELRAY BEACH FL 33445**

10012000



2. Principal Place of Business
76 Camelia Cir.
Suite, Apt. #, etc.

3. Mailing Address
76 Camelia Cir
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tequesta, FL.
Zip
33469 Country
USA

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Tequesta, FL.
Zip
33469 Country
USA

4. FEI Number **65-0845552** Applied For
 Not Applicable

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

**GALBRAITH, JAY
3429 SAN BERNARDINO
DELRAY BEACH FL 33445**

Name **Jay Galbraith**
Street Address (P.O. Box Number is Not Acceptable)
76 Camelia Cir
City **Tequesta** **FL** Zip Code **33469**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jay Galbraith Pres** *J Galbraith* **03-26-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GALBRAITH, JAY	
STREET ADDRESS	3429-C SAN BERNADINO DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	76 Camelia Cir	(Address Change)
STREET ADDRESS	Tequesta, FL 33469	
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mika Galbraith	
STREET ADDRESS	76 Camelia Cir	
CITY-ST-ZIP	Tequesta, FL 33469	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J Galbraith* **Jay Galbraith Pres** **3-26-03** **901-3089** **(561) 575-0657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)