

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90352 032 \*\*\*158.75

**DOCUMENT # P99000043581**

1. Entity Name

**GALAXY EXCHANGE COMPANY**

Principal Place of Business

**2345 SAND LAKE ROAD  
SUITE 100  
ORLANDO FL 32809**

Mailing Address

**2345 SAND LAKE ROAD  
SUITE 100  
ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3589292**

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****KORSHAK, STEPHEN D ESQ.  
2345 SAND LAKE ROAD  
SUITE 100  
ORLANDO FL 32809**

Name

**KORSHAK, STEPHEN D ESQ.**

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

**2345 SAND LAKE ROAD, SUITE 120**

City

**ORLANDO****FL**Zip Code  
**32809**

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 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
LINDEN, DEBORAH L  
2345 SAND LAKE ROAD  
ORLANDO FL 32809** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
LINDEN, DEBORAH L  
2345 SAND LAKE ROAD, STE 100  
ORLANDO, FL 32809** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
STUMBRAS-SANCHEZ, SULYN  
2345 SAND LAKE ROAD, STE 100  
ORLANDO FL 32809** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ERFURTH, CARY J  
2345 SAND LAKE ROAD, STE 100  
ORLANDO FL 32809** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ERFURTH, CARY J  
2345 SAND LAKE ROAD, STE 100  
ORLANDO FL 32809** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WEBB, ROBERT J  
2345 SAND LAKE ROAD, STE 100  
ORLANDO FL 32809** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HOLBROOK, KAREN S  
2345 SAND LAKE ROAD, STE 100  
ORLANDO FL 32809** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Sulyn Stumbras-Sanchez* **Sulyn Stumbras-Sanchez 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-859-8900**

CR2E034 (10/00)