

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90100 038 ***150.00

DOCUMENT # 292172

1. Entity Name
PHIL C. GALLAGHER, INC.



Principal Place of Business
3401 NW 82ND AVE., STE. 300
MIAMI FL 33122
US

Mailing Address
3401 NW 82ND AVE., STE. 300
MIAMI FL 33122
US

00003016



2. Principal Place of Business
2500 NW 79th Avenue -

3. Mailing Address
2500 NW 79th Avenue -

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33122 USA

Zip Country
33122 USA

4. FEI Number **59-1092647**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, PHIL C
3401 NW 82ND AVE., STE. 300
MIAMI FL 33122

Name
Phil C. Gallagher
Street Address (P.O. Box Number is Not Acceptable)
2500 NW 79th Ave. Suite 101
Miami, FL 33122
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phil C. Gallagher*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-17-03**

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 **PSD** ☐ Delete
NAME **GALLAGHER, PHIL C**
STREET ADDRESS **3401 NW 82ND AVE., STE. 300**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **2500 NW 79th Ave - Suite 101**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GALLAGHER, VIVIAN E**
STREET ADDRESS **3401 NW 82ND AVE., STE. 300**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **2500 NW 79th Ave - Suite 101**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LESSIG, PAMELA**
STREET ADDRESS **3401 NW 82ND AVE., STE. 300**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **2500 NW 79th Ave - Suite 101**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Phil C. Gallagher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-17-03** Daytime Phone #

CR2E034 (10/02)