

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 580975

1. Entity Name

GALLOWAY'S, CLEMENTS & ASSOCIATES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90202 017 ***150.00

Principal Place of Business

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS FL 33907-1077

Mailing Address

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS FL 33907-1054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1859643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEMENTS, THERESA M.
4336 JAMI COURT
FT.MYERS FL 33901

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CLEMENTS, THERESA M.	
STREET ADDRESS	4336 JAMI COURT	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	MOCARSKY, ANGELA M.	
STREET ADDRESS	327 MORGAN CIRCLE N	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	CLEMENTS, LOUIS M	
STREET ADDRESS	4336 JAMI CT	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CLEMENTS, WILLIAM E.	
STREET ADDRESS	4336 JAMI COURT	
CITY-ST-ZIP	FORT MYERS FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5089 RUSSELL AVENUE	
CITY-ST-ZIP	FORT MYERS, FL. 33919	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

941-936-1231

Date

Daytime Phone #

CR2E034 (9/99)