

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001844

1. Entity Name

GALT, LTD.

Principal Place of Business

823 S. EDISON AVE.
TAMPA FL 33606

Mailing Address

823 S. EDISON AVE.
TAMPA FL 33606

FILED

02 JUL -8 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED



2. Principal Place of Business

5010 Bayshore Blvd # 7

3. Mailing Address

5010 Bayshore Blvd # 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number 59-3606218

Applied For

Not Applicable

Zip

33611

Country

USA

Zip

33611

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ROBERT W

100 NORTH TAMPA STREET
STE 2120
TAMPA FL 33602

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$3,755,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,550,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RICHMOND, TYSON
823 S. EDISON AVE.
TAMPA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

5010 Bayshore Blvd #7
Tampa, FL 33611

STREET ADDRESS

CITY-ST-ZIP

000006312750--0

STREET ADDRESS

CITY-ST-ZIP

-07/10/02--01051--009

****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/5/2 813 610 2526

CR2E003 (4/02)