

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90007 007 ***150.00

DOCUMENT # F00000002457

1. Entity Name
GALADCO, INC.

Principal Place of Business

PO BOX 288
BEE BRANCH AR 72013

Mailing Address

PO BOX 288
BEE BRANCH AR 72013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 SW 19th Ave Rd

3. Mailing Address

P.O. Box 288

City & State

Ocala, FL

City & State

Bee Branch, AR

4. FEI Number

43-1517568

Applied For

Not Applicable

Zip
34471

Country
US

Zip
72013

Country
US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, ALLEN
2817 S.E. 5TH ST.
OCALA FL 34471

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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02

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, 2002 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	PORTER, DENNIS D	
STREET ADDRESS	4262 HWY 92 WEST	
CITY-ST-ZIP	BEE BRANCH AR 72013	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOWNS, SHAWN	
STREET ADDRESS	4262 HWY 92 WEST	
CITY-ST-ZIP	BEE BRANCH AR 72013	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TURNER, CHRISTY	
STREET ADDRESS	4262 HWY 92 WEST	
CITY-ST-ZIP	BEE BRANCH AR 72013	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Secy Treas.
STREET ADDRESS	Kristy Johnson
CITY-ST-ZIP	4262 Hwy 92 West
	Bee Branch, Ar 72013
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

Daytime Phone #

504-54-2888

CR2E034 (9/01)