

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90212 045 \*\*\*150.00

DOCUMENT # **F00000002457**



1. Entity Name

**GALADCO, INC**

**1103400Z**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**15125 US HWY 441**

3. Mailing Address  
**815 PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**EUSTIS, FL**

City & State  
**CONWAY, AR**

4. FEI Number **43-1517568**

Applied For  
Not Applicable

Zip  
**32726**

Country  
**US**

Zip  
**72034**

Country  
**USA**

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

**7. Name and Address of Current Registered Agent**

Name **ALLEN PORTER**

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

**2817 SE 5TH ST**

City **OCALA**

**FL**

Zip Code  
**34471**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
DENNIS PORTER  
PO BOX 288, BEE BRANCH, AR 72013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SHAWN DOWNS  
PO BOX 288 BEE BRANCH, AR 72013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST -  
JENNY JONES  
PO BOX 288 BEE BRANCH, AR 72013**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other information covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis Porter**

**4/29/03**

**501-854-2888**

Date

Daytime Phone #

CR2E034B (12/02)