


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

1082

03 OCT -7 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ucsf123r 1. Entity Name Carlisle and Gallagher Technology, Inc.	
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

[Handwritten signature]

REINSTATEMENT 2003

2. Principal Place of Business 10151 Dearwood Park Blvd. Suite, Apt. #, etc. Building 200, Suite 250		3. Mailing Address 47 Hamilton's Ferry Rd. Suite, Apt. #, etc.		4. FEI Number 42-1534870	Applied For <input type="checkbox"/> Not Applicable
City & State Jacksonville, FL		City & State Lake Wylie, SC		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32256	Country USA	Zip 29710	Country USA		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Thomas G. Carlisle
Street Address (P.O. Box Number is Not Acceptable) 10151 Dearwood Park Blvd. Building 200, Suite 250
City Jacksonville
State FL
Zip Code 32256

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 <i>Thomas G. Carlisle</i>	DATE 10/2/03
----------------------------------------	------------------------

**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 President	NAME Jena Gallagher	TITLE President	NAME Jena Gallagher
STREET ADDRESS 47 Hamilton's Ferry Rd	CITY-ST-ZIP Lake Wylie, SC 29710	STREET ADDRESS 47 Hamilton's Ferry Rd	CITY-ST-ZIP Lake Wylie, SC 29710
TITLE CEO	NAME Elizabeth Carlisle	TITLE CEO	NAME Elizabeth Carlisle
STREET ADDRESS 47 Hamilton's Ferry Rd.	CITY-ST-ZIP Lake Wylie, SC 29710	STREET ADDRESS 47 Hamilton's Ferry Rd.	CITY-ST-ZIP Lake Wylie, SC 29710
TITLE VP Sales	NAME Bob Gallagher	TITLE VP Sales	NAME Bob Gallagher
STREET ADDRESS 47 Hamilton's Ferry Rd.	CITY-ST-ZIP Lake Wylie, SC 29710	STREET ADDRESS 47 Hamilton's Ferry Rd.	CITY-ST-ZIP Lake Wylie, SC 29710
TITLE VP Operations	NAME Tom Carlisle	TITLE VP Operations	NAME Tom Carlisle
STREET ADDRESS 47 Hamilton's Ferry Rd	CITY-ST-ZIP Lake Wylie, SC 29710	STREET ADDRESS 47 Hamilton's Ferry Rd	CITY-ST-ZIP Lake Wylie, SC 29710
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: <i>Thomas G. Carlisle</i>	DATE: 9/30/03	DAYTIME PHONE: 803-831-5468
--------------------------------------	----------------------	------------------------------------

CR2E034B (12/02)

2052

We are trying
to get
re-instated.
Are we suppose to get
a notice for the
annual report? We did not.
Tom Carlisle