

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90093 003 \*\*\*550.00

**DOCUMENT # F96000000803**

1. Entity Name

**GALLOWAY, JOHNSON, TOMPKINS, BURR & SMITH, A PROFESSIONAL LAW CORPORATION**

Principal Place of Business

**55 BAYBRIDGE DRIVE  
 GULF BREEZE FL 32561  
 US**

Mailing Address

**55 BAYBRIDGE DRIVE  
 GULF BREEZE FL 32561  
 US**

2. Principal Place of Business

**1101 Gulf Breeze Pkwy  
 Suite 2**

3. Mailing Address

**1101 Gulf Breeze Pkwy  
 Suite 2**

City & State

**Gulf Breeze, FL**

City & State

**Gulf Breeze, FL**

Zip

**32561**

Country

**US**

Zip

**32561**

Country

**US**

4. FEI Number

**72-1089568**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BURR, TIMOTHY T  
 55 BAYBRIDGE DR  
 GULF BREEZE FL 32561**

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.

(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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **GALLOWAY, JOHN E**  
 STREET ADDRESS **4817 JANICE STREET**  
 CITY-ST-ZIP **KENNER LA 70062**

TITLE **D** ☐ Delete  
 NAME **PHARR, MARK**  
 STREET ADDRESS **1806 MCDUFFIR**  
 CITY-ST-ZIP **HOUSTON TX 77019**

TITLE **D** ☐ Delete  
 NAME **TOMPKINS, JAMES M**  
 STREET ADDRESS **2004 MILFORD**  
 CITY-ST-ZIP **HOUSTON TX 77098**

TITLE **D** ☐ Delete  
 NAME **BURR, TIMOTHY F**  
 STREET ADDRESS **208 PINETREE DR**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Delete  
 NAME **SMITH, THOMAS J**  
 STREET ADDRESS **260 BIGNER ST**  
 CITY-ST-ZIP **MANDEVILLE LA 70471**

TITLE **D** ☐ Delete  
 NAME **DIAMOND, JEFFREY**  
 STREET ADDRESS **4535 MULBERRY PARK LANE**  
 CITY-ST-ZIP **KINGWOOD TX 77345**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **412 E. Podc Blvd.**  
 CITY-ST-ZIP **Lafayette, LA 70508**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **900 Main Street**  
 CITY-ST-ZIP **Madisonville, LA 70447**

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (4/02)