

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90135 004 ***150.00

DOCUMENT # G40167

1. Entity Name
GALT INTERNATIONAL, INC.



Principal Place of Business
**1725 CLEARWATER/LARGO RD S.
CLEARWATER FL 33756
US**

Mailing Address
**PO BOX 8
CLEARWATER FL 33757
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2286002**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARDA, MARK
1725 CLEARWATER LARGO RD S
CLEARWATER FL 34616**

Name
CORPORATE AGENTS GROUP, LLC
Street Address (P.O. Box Number is Not Acceptable)
3428 DOVE HOLLOW CT.

City **PALM HARBOR** FL Zip Code **34683**

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 **CORPORATE AGENTS GROUP, LLC BY [Signature] MEMBER** DATE **4/3/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **WARDA, MARK**
STREET ADDRESS **1725 CLEARWATER LARGO RD S**
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V ALEXANDRA SCHILLER**
STREET ADDRESS **1725 CLEARWATER/LARGO RD S.**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature] PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

727-581-8685

Date Daytime Phone #

CR2E034 (10/02)