

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90476 029 ***150.00

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DOCUMENT # H14659

1. Entity Name

EL GALEON UTILITY COMPANY, INC.



Principal Place of Business

**1770 GULF BLVD
ENGLEWOOD FL 34223
US**

Mailing Address

**1770 GULF BLVD
ENGLEWOOD FL 34223
US**

2. Principal Place of Business

3. Mailing Address

3455-B So. McCall Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL.

4. FEI Number

59-2471466

Applied For

Not Applicable

Zip

Country

Zip

Country

34224

USA

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

**DEPALMA, JOHANNA R
1765 GULF BLVD.
(OFFICE)
ENGLEWOOD FL 34223**

Name

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

3455-B So. McCall Rd.

City

ENGLEWOOD

FL

Zip Code

34224

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

**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 **V** ☒ Delete
NAME **GENTH, RICHARD E.**
STREET ADDRESS **1840 GULF BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **VICE-PRES.** ☒ Change ☐ Addition
NAME **LAVONNE E. GENTH**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE **P** ☐ Delete
NAME **DEPALMA, JOHANNA R.**
STREET ADDRESS **1770 GULF BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☒ Change ☐ Addition
NAME **3455-B So. McCall Rd**
STREET ADDRESS **ENGLEWOOD, FL. 34224**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **DEPALMA, EMIL C.**
STREET ADDRESS **1770 GULF BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ Change ☐ Addition
NAME **3455-B So. McCall Rd.**
STREET ADDRESS **ENGLEWOOD, FL. 34224**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 944-474-2709
Date Daytime Phone #

CR2E034 (10/02)